

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned MAY 10 AM 8: 56 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF ID/HO

Edgar Insurance Agency		
The true name(s) and business address(es business under the assumed business name	ne:	ntity or individual(s) doing Complete Address Persimmon Ln., Ste 150, Boise, ID 83713
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction		
 Wholesale Trade		Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Roberto Edgar		Secretary of State 700 West Jefferson Basement West PO Box 83720
13125 W. Persimmon Ln, Ste 150 Boise, ID 83713		Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent	Phone number (optional): 938-8330 Ext. 104
		Secretary of State use only
Signature: (signature redired) Printed Name: Roberto Edgar	corplorms\abn forms\abn p65 Revised 04/2003	IDAHO SECRETARY OF STATE 95/10/2006 95:00 CK: 2747 CT: 158010 BH: 953933 1 8 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title: Owner	corp\fr	