



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 SEP -8 AM 10: 02

1. The assumed business name which the undersigned use(s) in the transaction of business is:

American Family Insurance

SECRETARY OF STATE
STATE OF IDAHO

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Taylor J. Ball Agency, LLC

(Name) (W 46969)

(Address)

1250 W. Bridge St., Blackfoot, ID 83221

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

3. The general type of business transacted under the assumed business name is:

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☐ Services

☐ Manufacturing

☒ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Taylor J. Ball Agency, LLC

(Name)

1250 W. Bridge St.

(Address)

Blackfoot

(City)

ID

(State)

83221

(Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Taylor Ball

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/08/2015 05:00

CK:1259 CT:314328 BH:1491381

1@ 25.00 = 25.00 ASSUM NAME #2

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