

**FILED EFFECTIVE**

# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2013 APR 12 PM 4:03

SECRETARY OF STATE  
STATE OF IDAHO

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

Washington Oregon Claims Service

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

McLarens Young International, Inc.

5555 Triangle Parkway, Suite 200, Norcross, GA 30092

(C198016)

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

- |                                                                         |                                                              |
|-------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                                   | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                                | <input type="checkbox"/> Construction                        |
| <input type="checkbox"/> Services                                       | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                                  | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

4. The name and address to which future correspondence should be addressed:

Washington Oregon Claims Service, Inc.

5555 Triangle Parkway, Suite 200

Norcross, GA 30092

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

McGuireWoods LLP (Attn: Emily M. McIntosh)

1750 Tysons Boulevard, Suite 1800

Tysons Corner, VA 22102-2115

Signature: \_\_\_\_\_

(signature required)

Printed Name: Chuck Massey

Capacity/Title: Vice President

(see instruction # 8 on back of form)

Phone number (optional):

703-712-5129

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE  
04/12/2013 05:00  
CK: NONE CT: 278665 BH: 1369288  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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