CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2007 JAN 29 AM 9: 59 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

Roady's Tr	uck Insurance
2. The true name(s) and business address(es business under the assumed business name Name Truck Insurance Agency, Inc C142522	s) of the entity or individual(s) doing ne: Complete Address 1217 NW 16th St., Fruitland, ID 83619
3. The general type of business transacted un	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
Fruitland, ID 83619	208 334-2301
Name and address for this acknowledgme copy is (If other than # 4 above):	nt Phone number (optional):
	Secretary of State use only
inted Name: Sames Kyan Lour spacity/Title: President (see instruction # 8 on back of form)	SE S

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