



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**  
2017 OCT 13 AM 8:12

SECRETARY OF STATE  
STATE OF IDAHO

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

Idaho Heathcare Insurance, A Risk Retention Group

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):

9229 Sierra College Boulevard, Roseville, CA 95661

(Name)

(Address)

California Healthcare Insurance Company, Inc., A Risk Retention Group

(Name)

(Address)

C215446

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Wholesale Trade

☐ Services

☐ Construction

☐ Agriculture

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Mining

☒ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Julie Jackson

(Name)

9229 Sierra College Boulevard

(Address)

Roseville, CA 95661

(City)

(State)

(Zipcode)

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

Julie Jackson

(Name)

9229 Sierra College Boulevard

(Address)

Roseville, CA 95661

(City)

(State)

(Zipcode)

Printed Name: Julie Jackson

Signature: *Julie M. Jackson*

Printed Name: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE

10/13/2017 05:00

CK:106014 CT:346904 BH:1607085

1@ 25.00 = 25.00 ASSUM NAME #2

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