



# 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.**

**FILED EFFECTIVE**

JUN 20 A 9:33

STATE OF IDAHO

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

Home Mortgage Insurance

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

Jessica Query

1164 S. Island Glen Way  
Eagle, Id. 83616

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 |  |

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

Jessica Query  
1164 S. Island Glen Way  
Eagle, Id. 83616

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Jessica Query  
(signature required)

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

Jessica Query

Capacity/Title: \_\_\_\_\_

Owner

(see instruction # 8 on back of form)

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

Phone number (optional):

209-981-5720

Secretary of State use only

q. Name furnished forms: ain: 365  
Revised 04/2003

IDAHO SECRETARY OF STATE  
08/20/2004 05:00  
CK: 1321 CT: 150010 BH: 761946  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D79338