



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 JAN 13 AM 9:32

SECRETARY OF STATE
STATE OF IDAHO

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

Seniors Direct

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):

Seniors Direct Insurance

(Name) (Address)

Services, LLC (W176458) 3245 E 3225 N, Twin Falls, ID 83301

(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:

Glenn Mott

(Name)

3245 E 3225 N

(Address)

Twin Falls, ID 83301

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Glenn Mott

Signature:

Printed Name: Donald Taylor

Signature:

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/13/2017 05:00

CK:4491566 CT:172099 BH:1563819

10 25.00 = 25.00 ASSUM NAME #3

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