



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2014 DEC -1 PM 4: 35

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

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

PACIFIC CREST INSURANCE

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

<u>Name</u>	<u>Complete Address</u>
<u>KATHLEEN B MCDOWELL</u>	<u>3311 W AUGUSTA CT COEUR D ALENE ID 83815</u>
_____	_____
_____	_____

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:

KATHLEEN B MCDOWELL
3311 W AUGUSTA CT
COEUR D ALENE ID 83815

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Kathleen B McDowell
 Printed Name: KATHLEEN B MCDOWELL
 Capacity/Title: OWNER
 Signature: _____
 Printed Name: _____
 Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/02/2014 05:00
 CK:2395542 CT:172099 BH:1451252
 1@ 25.00 = 25.00 ASSUM NAME #2

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