



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.
Instructions are included on back of application.

FILED EFFECTIVE

2014 DEC 23 AM 8:40

SECRETARY OF STATE
STATE OF IDAHO

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

CAN-DO & SHOWERS INSURANCE AGENCY

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

SHOWERS ENTERPRISES INC

5615 FRANKLIN RD BOISE ID 83705

C144249

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:

CAN-DO & SHOWERS INSURANCE AGENCY

5615 FRANKLIN RD

BOISE ID 83705

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

Secretary of State use only

IDAHO SECRETARY OF STATE

12/23/2014 05:00

CK:8075 CT:229489 BH:1454246
1@ 25.00 = 25.00 ASSUM NAME #2

D175643

Signature: _____

Printed Name: BRADLEY SHOWERS

Capacity/Title: PRESIDENT

Signature: _____

Printed Name: _____

Capacity/Title: _____