



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

2012 NOV 29 AM 8:59

SECRETARY OF STATE
STATE OF IDAHO

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

Reliant Northwest 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

Reliant Northwest, LLC

1110 W Park Place, Ste. 312

(W84601)

Coeur D Alene, ID 83814

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☒ Finance, Insurance, and Real Estate

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

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

Reliant Northwest, LLC

1110 W Park Place, Ste. 312

Coeur D Alene, ID 83814

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

Signature: _____

Printed Name: Walter B Litman

Capacity/Title: President

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/29/2012 05:00
CK: 1362 CT: 276657 BH: 1349213
1 @ 25.00 = 25.00 ASSUM NAME # 2

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