

FILED EFFECTIVE



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 AUG 26 AM 10:19

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Clarke Marine Insurance Services

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

Name  
JAMES DAVID REED, INSURANCE AGENCY,  
INCORPORATED

Complete Address  
245 Fischer Avenue, Suite D-8  
Costa Mesa, CA 92626-4539

C 179854

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 |  |

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

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

James D. Reed  
c/o James David Reed, Insurance Agency, Inc  
245 Fischer Ave., Suite D-8, Costa Mesa, CA  
92626-4539

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

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

(signature required)

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

James D. Reed

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

President

(see instruction # 8 on back of form)

Secretary of State use only

9/10/2003 10:10:10 AM  
Printed 04/20/03

IDAHO SECRETARY OF STATE  
08/26/2008 05:00  
CK: 62079 CT: 13585 BH: 1133179  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D/24339