



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2003 OCT -6 AM 9:14

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Premier Crop 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

Valley State Insurance, Inc.

P.O. Box 6, Twin Falls, ID 83301

C 108701

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

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

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Peter D. McDonald

2536 Kimberly Road

Twin Falls, ID 83301

Phone number (optional):

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

Jeffrey J. Hepworth

P.O. Box 1906

Twin Falls, ID 83301

Signature:

(signature required)

Printed Name:

Peter D. McDonald

Capacity/Title:

President

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
10/06/2003 05:00
CK: 90593 CT: 163146 BH: 705077
1 @ 25.00 = 25.00 ASSUM NAME # 2

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