. CE	ERTIFICATE OF ASSUMED (Please type or print legibly. See instr	BUSINES	SS NAME	
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the Indersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use (SM) per transaction of business is: Norm Wall Insurance Agency				
			The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	<u>Name</u> Norm_Wall		Complete Address	
	NOTH WATT	_ 818, South (Deida, Rupert, Id 83350	
3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining				
4.	The name and address to which future Phone number (optional):			
	Norm Wall Insurance Agency		Submit Certificate of 4 Assumed Business Name and \$20.00 fee to:	
	818 South Oneida			
	Rupert, Id 83350		{	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above): DL Evans Bank	nt .	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	318 South Oneida		Secretary of State use only	
-	Rupert, Id 83350	Revision 2/97	IDANO SECRETARY OF STATE	
Signature: x form Chelf		Revisi	12/01/1998 09:00 CK: 11187 CT: 1717 BH: 165935 1 8 20.00 = 20.00 ASSUM NAME # 2	
Printed Name: Norm J. Wall		эті6	DSO401	
Capacity: owner (see instruction # 8 on back of form)			•	
(see instruction # 8 on back of form)				