



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2015 JUN 19 AM 8:39

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:

CLG 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

Acrisure, LLC

5664 Prairie Creek Drive
Caledonia, MI 49316

(W147260)

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:

Donald Collins c/o Acrisure, LLC

5664 Prairie Creek Drive

Caledonia, MI 49316

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

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

Susan Sullivan c/o Cumberland Licensing Corp.

PO Box 7543

Cumberland, RI 02864

Phone number (optional):

Signature: 

(signature required)

Printed Name: Donald Collins

Capacity/Title: Manager

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
06/19/2015 05:00

CK:5788 CT:68741 BH:1480552
1@ 25.00 = 25.00 ASSUM NAME #2

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Revised 04/2003