

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 JUN -4 AM 11:31

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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The assumed business name which the under business is:	ersigned use(s) in the transaction of
Insurity	
2. The true name(s) and business address(es) business under the assumed business name Name  ChoicePoint Services Inc. 1	of the entity or individual(s) doing : Complete Address 000 Alderman Drive, Alpharetta, GA 30005-4101
3. The general type of business transacted und	ler the assumed business name is:
Retail Trade	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  Phone number (optional): (302) 884 - 8307
208 S. LaSalle St., Suite 814	Secretary of State use only
Chicago, IL 60604	
Signature: Renee Simonton  Capacity/Title: Vice President  (see Instruction # 8 on back of form)	Selection of the secretary of state of the secretary of the se
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