## CERTIFICATE OF ASSUMED BUSINESS NAME

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

04 APR 22 PM 1:43

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of business is:      Insurance Solutions of Idaho	
2. The true name(s) and business address(es) of business under the assumed business name:  Name  Kimberly C Dalrymple	f the entity or individual(s) doing  Complete Address  3564 Shamrock St. Boise, Idaho 83713
] Ketali Hade 🗀	er the assumed business name is:
Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☑ Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720
Kimberly C Dalrymple  3564 Shamrock St.  Boise, Idaho 83713	Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional):  208-602-3058
	Secretary of State use only
Signature: KDaling (Signature required)  Printed Name: Kimberly C. Dalrymple  Capacity/Title: Owner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  ### ### ### ### ####################

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