

Capacity/Title:

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

2012 COT -7 PH 2: 26

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: JOHANSON INSURANCE 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name 2932 N. NYSTROM PLACE OHANSEN RIC 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities **Retail Trade** Wholesale Trade Construction Services Agriculture Submit Certificate of Assumed Business Manufacturing Mining Name and \$20.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment CODY is (if other than # 4 above): 208 378 1291 AS ABOUT Secretary of State use only Signature: Printed Name:

IDAHO SECRETARY OF STATE
10/08/2002 05:00
CK: 96 CT: 158010 BH: 574852
1 @ 20.00 = 20.00 ASSUM NAME # 2

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