



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 JAN 29 AM 9: 59

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:

Truck Insurance of America

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

Truck Insurance Agency, Inc

1217 NW 16th St., Fruitland, ID 83619

C162522

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

4. The name and address to which future correspondence should be addressed:

Truck Insurance Agency, Inc

1217 NW16th st.

Fruitland, ID 83619

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):

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

Signature:

James Ryan Holt
(signature required)

Printed Name:

JAMES RYAN HOLT

Capacity/Title:

President

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn_form\abn.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE
01/29/2007 05:00
CK: 1352 CT: 209894 BH: 1029508
1 @ 25.00 = 25.00 ASSUM NAME # 4

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