

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

11 MAR -9 AM 8: 45

SECF. AY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

Points Insurance	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name J. Todd Points	
Wholesale Trade Construction	der the assumed business name is: and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: J. Todd Points 	Secretary of State 450 North 4th Street PO Box 83720
12072 W. Pinewood River Lane	Boise ID 83720-0080 208 334-2301
Star, Idaho 83669 Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
nature:	
nted Name: J. Todd Points pacity/Title:	

IDAHO SECRETARY OF STATE

03/09/2011 05:00

CK: 4364 CT: 158010 BH: 1263348

1 8 25.00 = 25.00 ASSUM NAME # 2

Signature:

Printed Name: ____

Capacity/Title: