

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. 11 AUG -5 AM 11: 11

STATE OF IDAHO

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

1.	The assumed business name which the undersign business is: ASSURE Financia	
2.	The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Daniel Van Patten Nome	Complete Address O. W. Finch Dr. Sampa ID. 83657
3.	The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4.	The name and address to which future correspondence should be addressed: 11373 W. Radcliff.sy Nampa ID. 83651	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	
•	ture: Vaniel Var Pattes d Name: Daniel Var Patten	Secretary of State use only
	city/Title: Owner	TRAIN CECRETARY OF STATE
Signature:		IDAHO SECRETARY OF STATE 98/95/2011 95:00 CK: 5014 CT: 261315 RH: 1285485
Printed Name:		1 P 25.80 = 25.86 ASSUM NAME # 2
Capacity/Title:		1110000
·	abn.pmd Rev. 07/2010	U147029

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