

FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 OCT -2 AM 8:09

SECRETARY OF STATE
STATE OF IDAHO

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:

IAPA Benefits

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
Cunnington & Associates Inc C/123450	2240 W. Everest Lane, #100 Meridian, ID 83646
Reno Jones	3501 W. Elder Street, #300 Boise, ID 83705
Chad Hanson	3501 W. Elder Street, #300 Boise, ID 83705

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

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Cunnington & Associates Inc
2240 W. Everest Lane, Suite 100
Meridian, ID 83646

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

Signature: _____

(signature required)

Printed Name: Nick Cunningham

Capacity/Title: Partner

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
10/02/2008 05:00
CK: 1303 CT: 228038 BH: 1138518
1 @ 25.00 = 25.00 ASSUM NAME # 2

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