

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 JAN 18 Ph 4: 02 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRE AND OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned business is:  Primerica Francial Series  2. The assumed business name which the undersigned business is:	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Shall Cupp  Heblica Cupp  Med	entity or individual(s) doing  Complete Address  LE Sabalious  (dian T.d. 83642
3. The general type of business transacted under the a Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate.  4. The name and address to which future correspondence should be addressed:  Sume as others.	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Signature: Pelecco (signature lequired)  Printed Name: Pelecco Out Consequence of the Con	IDAHO SECRETARY OF STATE  113 CT: 158010 BH: 787903  1 @ 25.00 = 25.00 ASSUM HAME # 2