



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

FILE EFFECTIVE  
00 NOV 30 AM 9:18  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

McCurdy Agency

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name  
Tina McCurdy

Complete Address  
683 Sanborn Creek Rd  
PRIEST RIVER, ID 83856

3. The general type of business transacted under the assumed business name is (mark only those that apply)

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

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

Phone number (optional): 208-448-1799

P.O. Box 1104  
PRIEST RIVER, ID. 83856

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

SAME

Submit Certificate of Assumed Business Name and \$20.00 fee to

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Signature: Tina McCurdy

Printed Name: Tina McCurdy

Capacity: Owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

11/30/2000 09:00  
CX: 2700 CT: 139870 DN: 363673

1 @ 20.00 = 20.00 ASSUM NAME # 2

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