

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FINEN FFRECTIVE

SECRETARY OF STATE STATE OF IDAHO

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

1.	The assumed business name which the und business is:	ersigned use(s) in the transaction of
2.	The true name(s) and <u>business</u> address(es) business under the assumed business name Name	of the entity or individual(s) doing e: Complete Address
	Jamaica Starr	1000 W Finch Drive Nampa, Idaho 831007
. 3.		der the assumed business name is: and Public Utilities Submit Certificate of
	Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed: 3807 Sutton St. Caldwell Idaho 83407	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):	
·		Secretary of State use only
	ture: Tananaa T St. 1816	
	o Name: Tawara T Storr	
Signature: Printed Name: Capacity/Title:		IDAHO SECRETARY OF STATE 11/19/2013 05:00 CK: 1615924 CT: 172099 BH: 1398628 1 0 25.00 = 25.00 ASSUM NAME # 2
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