



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2017 APR 19 AM 9:41

SECRETARY OF STATE  
STATE OF IDAHO

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

Tingle Insurance Agency

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Lisa A. Tingle 114 N. Andrews Salmon ID 83467  
(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Lisa Tingle  
(Name)  
114 N. Andrews  
(Address)  
Salmon ID. 83467  
(City) (State) (Zipcode)

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

(Name)  
(Address)  
(City) (State) (Zipcode)

Printed Name: Lisa Tingle

Signature: Lisa Tingle

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

04/19/2017 05:00

CK:13236930 CT:172099 BH:1579965

1@ 25.00 = 25.00 ASSUM NAME #2

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