CERTIFICATE OF ASSUMED BUSINESS NAME

2006 MAY 10 PM 3:49

Pursuant to Section 53-504, Idano Code, the undersity submits for filing a certificate of Assumed Business Na	ame. STATE OF HEARD
Please type or print legibly. NOTE: See instructions on reverse before filing.	
1. The assumed business name which the undersigned business is: Disability Resources	
2. The true name(s) and business address(es) of the e business under the assumed business name: Name Kimball Family Iwsurance, I C155775	Creek Face TO 83476
 3. The general type of business transacted under the and Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
Signature: Kenneth Kimball Capacity/Title: President Signature required) Capacity/Title: President	208-484-0173 Secretary of State use only IDAHO SECRETARY OF STATE 25/11/2006 05:00
(see instruction # 8 on back of form)	CK: 801775 CT: 172099 BH: 954094 1 e 25.00 = 25.00 ASSUN NAME : 2