FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

2006 SEP -7 AM 11: 51

Pursuant to Section 53-504, Idaho Code, the undersigned SECRETARY STATE OF IDAHO

Insurancequotesnow.com	
The true name(s) and business address(es) of business under the assumed business name: Name Oldenburg Insurance INC.	of the entity or individual(s) doing : Complete Address 2271 W Forest Hill Ct
C141192	Eagle, ID 83616
☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture	nd Public Utilities Submit Certificate of
✓ Manufacturing ☐ Mining✓ Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Oldenburg Insurance	Secretary of State 700 West Jefferson Basement West PO Box 83720
2271 W Forest Hill Ct	Boise ID 83720-0080
Eagle, ID 83616	208 334-2301
5. Name and address for this acknowledgment copy is (ff other than #4 above):	Phone number (optional): 208-230-1646
	Secretary of State use only
nature: Capitaire requires	7000 0000
nted Name: Tracy T. Oldenburg Dacity/Title: Owner	0103460
Dacity/Title: Owner (see instruction # 8 on back of form)	