FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

2012 DEC -5 PM 3:50

	submits for filing a certificate of Assumed Please type or print legibly. NOTE: See instructions on reverse before	Business Name. SECRETARY OF STATE
1.	The assumed business name which the unbusiness is: SME Insurance Service	
2.	The true name(s) and business address(es business under the assumed business name Name Daniel Michael Graisy Joel J. Manchak	s) of the entity or individual(s) doing me: Complete Address 1657 Yaquina Dr. fost falls Id 1657 Yaquina DR. fost falls 83859 Id 83854
4.	Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State
5.	Post Falls ID 83854 Name and address for this acknowledgmen copy is (if other than # 4 above):	450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
		Secretary of State use only

Signature: 1.(// Printed Name: Daniel

Capacity/Title: Principa

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
12/05/2012 05:00
CK: 1215630 CT: 172099 BH: 1350151
1 0 25.00 = 25.00 ASSUM NAME # 2