## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



2003 NOV -6 PM 12: 27

STATE OF IDAHO

	<del>-</del>
<ol> <li>The assumed business name which the undersigned business is:</li> </ol>	d use(s) in the transaction of
Humphries Insurance	
<ol> <li>The true name(s) and business address(es) of the e business under the assumed business name:</li> </ol>	ntity or individual(s) doing
Name	Complete Address
Martin Humphries 38. Sonia Humphries 38.	SunnySide Dr Jeron IP833
wrighties 50	Summy State Property of the Food
3. The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Pul Wholesale Trade Construction	olic Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
38 Sunnyside Dr. Jerome, 7 Jerome, IP 83338	PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment	Phone number (optional):
copy is (if other than # 4 above):	208-324-8171
980 South Lincolny	Secretary of State use only
Signature: Martin Humphries  Printed Name: Martin Humphries  Capacity/Title: Cwnep	IDAHO SECRETARY OF STATE
Printed Name: Mantin Humphries	11/06/2003 05:00 CK: 988407 CT: 24085 BH: 710382 1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title: Cwner '	~ 7n 359