

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO 98 AUG 10 AM 11:16  
Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name  
SECRETARY OF STATE  
STATE OF IDAHO



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

ZOLLINGER INSURANCE AGENCY

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

DEAN C. ZOLLINGER

2970 EAST 200 NORTH, ROBERTS, ID 83444

BONNIE M. ZOLLINGER

2970 EAST 200 NORTH, ROBERTS, ID 83444

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed:

DEAN C. ZOLLINGER, ZOLLINGER INSURANCE AGENCY

2970 EAST 200 NORTH

ROBERTS, ID 83444

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

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Signature: Dean C. Zollinger

Printed Name: DEAN C. ZOLLINGER

Capacity: OWNER

(see instruction # 8 on back of form)

Secretary of State use only  
IDAHO SECRETARY OF STATE

08/10/1998 09:00  
CK: 2935 CT: 102520 BH: 135446

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 257

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