



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2018 MAY 29 AM 10:33

SECRETARY OF STATE
STATE OF IDAHO

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

All About Medicare

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

All About Insurance, Inc PO Box 610, Caldwell ID 83606

(Name) (Address)

Mishelle Hagewood 622 Marie Ct, Caldwell ID 83605

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

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

4. Mailing address for future correspondence:

All About Medicare

(Name)

PO Box 610

(Address)

Caldwell, ID 83605

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Mishelle Hagewood

Signature: Mishelle Hagewood

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/29/2018 05:00

CK:1410 CT:358411 BH:1645928
1@ 25.00 = 25.00 ASSUM NAME #2

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