CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on revertible To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned UN -7 AII II: 26 gives notice of adoption of an Assumed Business Name 1. The assumed business name which the undersigned use(s) in the transaction of 10 business is: Page 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: Complete Address ise Page 880 S. Park, Shelley, Id 83274 ise Page 880 S. Park, Shelley, ID 83274 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Agriculture Finance, Insurance, and Real Estate Wholesale Trade Construction Mining Services 4. The name and address to which future Phone number (optional): _____ correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: Shelley, ID 83274 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above) : PO Box 83720 Baise ID 83720-0080 208 334-2301 Secretary of State use only

Signature: Alase Page
Printed Name: Denise Page

Capacity: General partner___

IDAHO SECRETARY OF STATE

06/07/1999 09:00 CK: 2855 CT: 116476 BH: 223235

20.00 = 20.00 ASSUM NAME # 2

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