



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2018 MAR 12 AM 8:14

SECRETARY OF STATE-
STATE OF IDAHO

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

Kimberly Mitchell Insurance

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):

Kim Mitchell 12355 Landau Way Nampa ID 83686

(Name) (Address)

(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:

Kim Mitchell
(Name)
12355 Landau Way
(Address)
Nampa ID 83686
(City) (State) (Zipcode)

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

Same
(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Kimberly Mitchell

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/12/2018 05:00

CK:5080 CT:158010 BH:1631602

1@ 25.00 = 25.00 ASSUM NAME #2

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