

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2011 SEP 16 PM 12: 02

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

Alistate Insurance Company

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

Name

Complete Address

Batte Enterprises, Inc.

895 Emma Court, Idaho Falls, Idaho, 83402

(C192248)

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

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Zachary Batte

695 Emma Court

Idaho Falls, Idaho 83402

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

Ryan B. Meikle, Esq.

P. O. Box 50130

Idaho Falls, Idaho 83405

Secretary of State use only

Signature: [Signature]

Printed Name: Zachary Batte

Capacity/Title: President

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
09/16/2011 05:00
CK: NONE CT: 12945 BH: 1290736
1 @ 25.00 = 25.00 ASSUM NAME # 2

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