



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2017 OCT 23 AM 9:59

SECRETARY OF STATE
STATE OF IDAHO

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

Wilson Insurance Agency

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):

Rob Wilson 1027 Blue Lakes Blvd, Ste 2 Twin Falls 83301
(Name) (Address)

Pam Wilson 1027 Blue Lakes Blvd, Ste 2 Twin Falls 83301
(Name) (Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☐ Services

☐ Manufacturing

☒ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Wilson Insurance Agency
(Name)
1027 Blue Lakes Blvd, Suite 2
(Address)
Twin Falls, ID 83301
(City) (State) (Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Robert R Wilson

Signature: [Signature]

Printed Name: Pamela J Wilson

Signature: [Signature]

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/23/2017 05:00

CK:3502 CT:303604 BH:1608474
1@ 25.00 = 25.00 ASSUM NAME #2

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