

CERTIFICATE OF ASSUMED BUSINESS NAME EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 3 OCT 15 AM 8: 01 submits for filing a certificate of Assumed Business Name.

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

	CAN-DO INSURANCE	
2.	The true name(s) and <u>business</u> address(e business under the assumed business name Name SHOWERS ENTERPRISES INC (C144249)	s) of the entity or individual(s) doing me: <u>Complete Address</u> PO BOX 1592 BOISE ID 83701
3.	The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of
; 	The name and address to which future correspondence should be addressed: SHOWERS ENTERPRISES INC PO BOX 1592	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
-	BOISE ID 83701	208 334-2301
5. 1	Name and address for this acknowledgmer copy is (if other than # 4 above):	
- Signatu	Ire.	Secretary of State use only
•	Name: BRAD SHOWERS	
	ity/Title: PRESIDENT	
•	ıre;	
	Name:	IDAHO SECRETARY OF STATE
	ty/Title:	10/15/2013 05:00 CK: 7175 CT: 229489 BH: 1393777