



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 FEB -4 AM 9:27

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

SECRETARY OF STATE
STATE OF IDAHO

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):

Idaho Insurance Agency LLC 1650 S Albright Lane Boise, ID 83709

(Name)

(Address)

(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:

Idaho Insurance Agency LLC

(Name)

1650 S Albright Lane

(Address)

Boise, ID 83709

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Charlotte Hildebrandt

Signature: Charlotte Hildebrandt

Printed Name: Alda DeArmond

Signature: Alda DeArmond

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/04/2016 05:00

CK:1788 CT:280786 BH:1512005

10 25.00 = 25.00 ASSUM NAME #2

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