



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 2005 JAN -8 11 22
submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

HOLT INSURANCE AGENCY

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
<u>Ryan and Beth, Inc.</u>	<u>5033 SARAH CT.</u>
<u>C. 157573</u>	<u>FRUITLAND, ID</u>
	<u>83619</u>

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 | |

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

1217 N.W. 16th St.
Boi Fruitland, ID 83619

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

5033 SARAH CT.
Fruitland, ID 83619

Phone number (optional):

Signature: James Ryan Holt
(signature required)
Printed Name: JAMES RYAN HOLT
Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
01/04/2005 05:00
CK: 6865 CT: 158010 BH: 784954
1 @ 25.00 = 25.00 ASSUM NAME # 2

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