

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 2008 JUL 23 PM 2: 04
submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

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:

State Farm Insurance Agent Allen Bollschweiler

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

Name
Allen Bollschweiler

Complete Address
10354 Overland Rd., Boise, Id. 83709-1431

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:

Allen Bollschweiler
545 W Seldovia St
Kuna, Id 83634

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

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301
2080

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

Secretary of State use only

Signature: Allen Bollschweiler

(signature required)

Printed Name: Allen Bollschweiler

Capacity/Title: Agent/owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
07/24/2008 05:00
CK: 135140 CT: 172099 BH: 1128450
1 @ 25.00 = 25.00 ASSUM NAME # 2

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