

Signature:

Printed Name: Kin

Capacity/Title: Owner

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 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: Heaven Sent Insurance 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: **Complete Address** Name 6632 W. Tobi Dr. Boics . #D83714 6632 W. Tob! Dr. Kimberly A. Moriock 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities **Retail Trade** Construction Wholesale Trade Services Agriculture Submit Certificate of Assumed Business Manufacturing \_\_ Mining Name and \$25.00 fee to: Finance, Insurance, and Real Estate Idaho Secretary of State 4. The name and address to which future 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 Heaven Sent Insurance (208) 334-2301 5. Name and address for this acknowledgment CODY IS (if other than #4 above): Secretary of State use only

corpromavan romavan. Ravised 04/2003

IDAHO SECRETARY OF STATE 09/09/2009 05:00 CK: 5828 CT: 248413 BH: 1186334 1 8 25.00 = 25.00 ASSUM NAME # 2

