FILED EFFECTIVE



Printed Name: ... Capacity/Title;__

Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

INSURANCE DESIGNERS

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 09 JUL 17 PM 2:38

SECRETARY OF STATE Please type or print legibly. STATE OF IDAHO NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of SEI CRIPSIDY 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 Jared Christensen 998 Old Glory, Chubbuck ID 83202 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future idaho Secretary of State correspondence should be addressed: 450 N 4th Street PO Box 63720 SEI Carpentry Bolee ID 83720-0080 998 Old Glory (208) 334-2301 Chubbunk ID 83202 5. Name and address for this acknowledgment CODY is (if other than # 4 above); Secretary of State Namonly Signature:

> IDANO SECRETARY OF STATE 07/17/2009 05:00 CX: 283388 CT: 172899 Mi: 1179272

> > D132259