



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2004 APR 22 AM 8:43

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

Loan Medic

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

Vincent James Esparza
Cynthia Margaret Esparza

1200 Willowcreek Dr Nampa Id 83642
1200 Willowcreek Dr Nampa Id 83642

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☒ Finance, Insurance, and Real Estate

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

Loan Medic
1200 Willowcreek Dr Nampa Id 83686

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):

Same as above

Phone number (optional):

Secretary of State use only

Signature: _____

(signature required)

Printed Name: Vincent J. Esparza

Capacity/Title: Vincent James Esparza

(see instruction # 8 on back of form)

Vincent James Esparza Owner

Vincent James Esparza

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Revised 04/2003

IDAHO SECRETARY OF STATE
04/22/2004 05:00
CK: 2052 CT: 150010 BH: 740707
1 @ 25.00 = 25.00 ASSUM NAME # 2

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