



CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 AUG 19 AM 8:32

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

EVANS INSURANCE AGENCY

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

<u>Name</u>	<u>Complete Address</u>
<u>Evans Financial and Insurance, LLC.</u> <u>(W30649)</u>	<u>9225 W Chinden Blvd. Ste C</u> <u>Boise, ID 83704</u>

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

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Evans Financial and Insurance, LLC.
9225 W Chinden Blvd.
Boise, ID 83704

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

Signature: [Handwritten Signature]

Printed Name: Kim Evans

Capacity/Title: owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/19/2010 05:00
CK: 1755 CT: 213858 DN: 1235461
1 @ 25.00 = 25.00 ASSUM NAME # 2

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