2-7

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

TO THE SECRETARY OF STATE OF THE STATE OF IDAHO 01 JAN 19 PM 2:34

Pursuant to Section 53-504, Idaho Code, the undersigned ... STATE
gives notice of adoption of ... med Business Name. STATE OF IDAHO

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

ADVOCATE INSURANCE SERVICE

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

Name	Complete Address
NOrth State Insurance and Investment Corporation	712 MAIN SANDPOINT, ID. 83864
C 111741	

3. The general type of business transacted under the assumed business name is:
(Check only those that apply)

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

4. The mailing address to which ... and should be addressed: ... (optional): 208-255-2222

ADVOCATE INSURANCE SERVICE
536 W ALDER ST.
SANDPOINT, ID. 83864

5. Name and address for this acknowledgment (if different than above):

Submit Certificate of Assumed Business Name and $20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: [signature]

Printed name: GARETH D. WEME

Capacity: President

(See instructions on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
01/22/2001 09:00
CK: 9998 CT: 138698 BH: 373875
1 @ 20.00 = 20.00 ASSUM NAME # 2

D-42086