

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

2013 JAN 24 AM 9: 52

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

| The assumed business name which the unbusiness is: SELLMAN INSURANCE AGENCY | ndersigned use(s) in the transaction of |
|---|--|
| 2. The true name(s) and <u>business</u> address(e business under the assumed business name Name SELLMAN INSURANCE AGENCY INC (C136534) | s) of the entity or individual(s) doing me: <u>Complete Address</u> 912 12TH AVE S #108, NAMPA ID 83651 |
| ☐ Wholesale Trade☐ Construction☐ Services☐ Manufacturing☐ Mining | n and Public Utilities |
| Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: SELLMAN INSURANCE AGENCY 912 12TH AVE S #108 NAMPA ID 83651 | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgme copy is (if other than # 4 above): | nt |
| Signature: PEGGY L SELLMAN | Secretary of State use only |
| Capacity/Title: PRESIDENT Signature: | IDAHO SECRETARY OF STATE 01/24/2013 05:00 UK: 9247 UT: 122417 BH: 1357866 |
| Printed Name: Capacity/Title: | 1 8 25.00 = 25.00 ASSUM NAME # 2 |

D160551