



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 OCT -5 AM 10:18

SECRETARY OF STATE
IDAHO

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

Lancer Claims Services

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Brown & Brown Program Insurance Services, Inc. (C146723)

681 S. Parker St. Suite 300 Orange CA 92868
(Address) (City) (State) (Zipcode)

(Name)

(Address) (City) (State) (Zipcode)

(Name)

(Address) (City) (State) (Zipcode)

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Kristin Nowacki
(Name)

220 S. Ridgewood Ave.
(Address)

Daytona Beach, FL 32114
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Robert W. Lloyd, VP & Secretary

Signature:

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/05/2015 05:00

CK:81917 CT:241466 BH:1495049

1@ 25.00 = 25.00 ASSUM NAME #2

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