



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
12 FEB -6 AM 8:50

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:

Teton View Insurance

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

Malorie J Warner

570 Woodbridge Street Rexburg Idaho 83440

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

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

Teton View Insurance

570 Woodbridge Street

Rexburg, Idaho 83440

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

Signature: Malorie J Warner

Printed Name: Malorie J Warner

Capacity/Title: Owner/Agent

Signature: _____

Printed Name: _____

Capacity/Title: _____

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

Secretary of State use only

IDAHO SECRETARY OF STATE
02/06/2012 05:00
CK: 439 CT: 266692 BH: 1309383
1 @ 25.00 = 25.00 ASSUM NAME # 2

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