

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

CERTIFICATE OF  ASSUMED BUSINESS N  Pursuant to Section 53-504, Idaho Code, the ur submits for filing a certificate of Assumed Busin  Please type or print legibly.  NOTE: See instructions on reverse before file	ndersigned less Name.
. The assumed business name which the unders business is:  Cunnington & A	signed use(s) in the transaction of
The true name(s) and business address(es) of business under the assumed business name:  Name  Cunnington-Leavitt Insurance Agency Inc.	f the entity or individual(s) doing  Complete Address  2240 Everest Lane West, Suite 100  Meridian ID 83646
Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed: ☐ Greg Cunnington ☐ 2240 Everest Lane West, Suite 100	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
Meridian ID 83646  5. Name and address for this acknowledgmen copy is (if other than # 4 above):  ignature:  (alignature required)  Greg Cunnington	Secretary of State use only  Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF STATE  12/18/2007 05:200  CK: 2444 CT: 264189 BH: 1696384  12: 25.66 = 25.66 ASSUM MARKE
Capacity/Title:VP	100 SECKETRIT OF STATE 12/18/2007 05:00  CK: 2444 CT: 204189 BH: 1090384  1 2 25.00 = 25.00 ASSUM MANE 0

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