



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 NOV 10 AM 9:40

SECRETARY OF STATE
STATE OF IDAHO

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

KMC INSURANCE AGENCY

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):

Melinda M. Cockrell 1603 Main Street Salmon, Idaho 83467

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐

Retail Trade

☐

Construction

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Mining

☐

Services

☐

Manufacturing

☒

Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Melinda M. Cockrell

(Name)

1603 Main Street

(Address)

Salmon, Idaho 83467

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Melinda M. Cockrell

Signature: *Melinda M. Cockrell*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/10/2016 05:00

CK:7134 CT:179078 BH:1554794
1@ 25.00 = 25.00 ASSUM NAME #2

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