



# CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

07 FEB 26 PM 12:51

Please type or print legibly.  
**NOTE: See instructions on reverse before filing.**

SECRETARY OF STATE  
STATE OF IDAHO

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

Snake River 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

Melissa Earl

1176 Blue Lakes Blvd. N. Twin Falls, ID 83301

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:

Melissa Earl

3255 N. 3000 E.

Twin Falls, Id 83301

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

Melissa Earl

3255 N. 3000 E.

Twin Falls, Id 83301

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

208-409-4409

Signature: \_\_\_\_\_

(signature required)

Printed Name: \_\_\_\_\_

Melissa Earl

Capacity/Title: \_\_\_\_\_

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\scopform\main form\main.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
02/26/2007 05:00  
CK: 1064221 CT: 172099 BH: 1035917  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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