



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2003 NOV 24 AM 9:11

SECRETARY OF STATE
STATE OF IDAHO

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

Farmers Ins + Financial Service (April Loveland Agency)

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
<u>April G. Loveland</u>	<u>110. N. 8th, Ste. #4 Montpelier</u>
	<u>Id 83254</u>
	<u>mailing Box 325, Montpelier</u>

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

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

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

Farmers Ins + Financial
P.O. Box 325
Montpelier Id 83254

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

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

Phone number (optional):

208-847-1535

Signature

April Loveland
(signature required)

Printed Name:

April Loveland

Capacity/Title:

Agent, Reg. Rep.

(see instruction # 8 on back of form)

Secretary of State use only

9 Corporation Information Formulation 10/5
Revised 04/2003

IDAHO SECRETARY OF STATE
11/24/2003 05:00
CK: 1001 CT: 174539 BH: 713176
1 @ 25.00 = 25.00 ASSUM NAME # 2

670908