



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 NOV 22 AM 9:20

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:

Craigmont Insurance Agency

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Rita E. Smith</u>	<u>114 West Main - P.O. Box 5</u>
<u></u>	<u>Craigmont, ID 83523</u>
<u></u>	<u></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 | |

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

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

Craigmont Insurance Agency
114 W Main - P.O. Box 5
Craigmont, ID 83523

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

Phone number (optional):

208-924-5511

Signature: Rita E. Smith

(signature required)

Printed Name: Rita E. Smith

Capacity/Title: Owner - Agent

(see instruction # 8 on back of form)

Secretary of State use only

D82074

IDAHO SECRETARY OF STATE
11/22/2004 05:00
CK: 6247 CT: 158010 BH: 777922
1 @ 25.00 = 25.00 ASSUM NAME # 2