



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2018 MAY 21 AM 8:46

SECRETARY OF STATE
STATE OF IDAHO

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

Optima Healthcare Insurance Services

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):

Chic Insurance Services INC (C218001)

(Name)

(Address)

9229 Sierra College Boulevard Roseville, CA 95661

(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:

Anne Smith

(Name)

9229 Sierra College Boulevard

(Address)

Roseville CA 95661

(City)

(State)

(Zipcode)

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

Same

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Diane Abbett, CEO

Signature: *Diane Abbett*

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/21/2018 05:00

CK:17338 CT:358039 BH:1644698

1@ 25.00 = 25.00 ASSUM NAME #2

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