



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.

10 DEC -6 AM 9:21

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

D'Ambra Insurance

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

Name

Donna Theresa D'Ambra

Complete Address

131 3Rd Ave E Gooding, Id 83301

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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

4136 N Meadow Ridge Cr Twin Falls Id 83301

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

Signature:

Secretary of State use only

Printed Name: Donna Theresa D'Ambra

Capacity/Title: Owner

Signature:

Printed Name:

Capacity/Title:

IDAHO SECRETARY OF STATE
12/06/2010 05:00
CK: 6665 CT: 158810 BH: 1249718
1 0 25.00 = 25.00 ASSUM NAME # 2

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