



# 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**

09 OCT -2 AM 10:48

SECRETARY OF STATE  
STATE OF IDAHO

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

Riverwest 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
<u>Shawna Melville</u>	<u>1071 Oakhampton, Eagle, Id. 83616</u>
<u>Nancy Melville</u>	<u>1071 Oakhampton, Eagle, Id. 83616</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:

Riverwest Insurance  
1071 Oakhampton  
Eagle, Id.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

(signature required)

Printed Name: Nancy Melville

Capacity/Title: Partner

(see instruction # 8 on back of form)

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

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080  
  
(208) 334-2301

Secretary of State use only

g:\comp\form\slain form\slain.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
10/02/2009 05:00  
CK: 794 CT: 241890 BH: 1189521  
10 25.00 = 25.00 ASSUM NAME # 2

D133998