

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.

2007 MAR 12 PM 12: 43

SECRETARY OF STATE STATE OF IDAHO

Coeur d'Alene Insurance	
The true name(s) and business address(es business under the assumed business name Name	s) of the entity or individual(s) doing ne: Complete Address
Rossi Insurance Company	602 Bank Street, Wallace, ID 83873
(<32779)	
3. The general type of business transacted ur Retail Trade Transportation	nder the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Rossi Insurance Company	Secretary of State 700 West Jefferson Basement West PO Box 83720
PO Box 439 Wallace, ID 83873	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional): 208-752-1188
	Secretary of State use only
nature: Operal Dogway	IDAHO SECRETARY OF STATE OF ST
nted Name: Michael J. Murray	IDAHO SECRETARY OF STATE
pacity/Title: <u>Co-President</u> (see instruction # 8 on back of form)	03/13/2007 05: 03/13/2007 05: CX: 21267 CT: 158010 BH: 1 1 2 25.88 = 25.88 ASSUM

