



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2005 AUG 24 AM 9:08

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.

SECRETARY OF STATE
STATE OF IDAHO

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

Integrated Health Insurance

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

Name

Harrison Insurance & Financials, Ltd.

(C160101)

Complete Address

P.O. Box 276; Hailey, ID 83333

101 East Bullion #2A

Hailey, ID 83333-0276

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:

Harrison Insurance & Financials, Ltd

P.O. Box 276

Hailey, ID 83333-0276

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

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

Phone number (optional):

208-788-3255

Signature: Kathleen M. Harrison

(signature required)

Printed Name: Kathleen M. Harrison

Capacity/Title: President

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\stab\formstab1.pps
Revised 04/2003

IDaho SECRETARY OF STATE
08/24/2006 05:00
CK: 3047 CT: 203719 RH: 971685
1 @ 25.00 = 25.00 ASSUM NAME # 2

D163025