



# 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

2006 AUG 24 AM 9:08

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

Complete Address

Harrison Insurance & Financials, Ltd.

P.O. Box 276; Hailey, ID 83333

(C 160101)

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

D163025

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