



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
2005 MAY 10 PM 12:53

STATE OF IDAHO

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

Harrison 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
C160101

215 N. Main St. #201
Hailey, ID 83333

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
215 N. Main St. #201
Hailey ID 83333-0276

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

Signature: Kathleen M. Harrison
(signature required)

Printed Name: Kathleen M. Harrison

Capacity/Title: Corporate Director

(see instruction # 8 on back of form)

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

Phone number (optional):

208-788-3255

Secretary of State use only

g:\carp\forms\assumed_business_name.pdf
Revised 04/2003

IDAHO SECRETARY OF STATE

05/10/2005 05:00

CK: CK # CT: 158018 RH: 809630

1 @ 25.00 = 25.00 ASSUM NAME # 2

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