FILED EFFECTIVE

2003 MAY -2 AM 9:01

STATE
IDAHO

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.

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

Premier 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
InsurServ Trust, L.L.C.	W10381	P.O. Box 6, Twin Falls, ID 83303-0006
InsurServ, Inc.	C101548	P.O. Box 6, Twin Falls, ID 83303-0006
InsurServ, Inc.	C133137	P.O. Box 71, Elko, NV 89803

3. The general type of business transacted under the assumed business name is:

- [ ] Retail Trade
- [ ] Wholesale Trade
- [ ] Services
- [ ] Manufacturing
- [x] Finance, Insurance, and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

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

4. The name and address to which future correspondence should be addressed:

Peter D. McDonald

P.O. Box 6

Twin Falls, ID 83303-0006

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

Robertson, Hepworth, Slette, Worst & Stover

P.O. Box 1906

Twin Falls, ID 83303-1906

Phone number (optional):

_____

Signature:_____
(signature required)

Printed Name:_____Peter D. McDonald

Capacity/Title:_____Member / PRES

(see instruction # 8 on back of form)

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Revised 04/2003

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