

State of Idaho

Office of the Secretary of State

AMENDED CERTIFICATE OF AUTHORITY
OF
COMPUTER CLAIMS ADMINISTRATION, INC.
File Number C 101889

I, PETE T. CENARRUSA, Secretary of the State, hereby certify that an Application for Amended Certificate of Authority, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended Certificate of Authority to reflect the name change from **COMPUTER CLAIMS ADMINISTRATION, INC.** to **EMPLOYEE BENEFIT MANAGEMENT SERVICES, INC.** and attach hereto a duplicate of the application for such amended certificate.

Dated: May 17, 2001



Pete T. Cenarrusa
SECRETARY OF STATE

By *Sally Lloyd*



APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

(Instructions on back of application)

01 MAR 29 AM 10:18

To the Secretary of State of the State of Idaho:

Pursuant to Section 30-1-1504, **Idaho Code**, the undersigned Corporation hereby applies for an amended certificate of authority to transact business in the State of Idaho and for that purpose submits the following statement. Complete only applicable items.

1. A Certificate of Authority was issued to the corporation by your office on April 22 1993,
authorizing it to transact business in the State of Idaho under the name of _____

Computer Claims Administration, Inc.

2. Its corporate name has been changed to Employee Benefit Management Services, Inc.

3. The name which it shall use hereafter in the State of Idaho is Employee Benefit Management Services, Inc.

4. It has changed its jurisdiction of incorporation, without a change of corporate identity to: N/A

Dated: 3/21/01

Employee Benefit Management Services, Inc.

(Corporation Name)

By

F.A. Larson
Frederick H. Larson

Its

President

(specify capacity of signer)

FILED
EFFECTIVE
01 MAY 17 AM 9:06
CLERK OF STATE
STATE OF IDAHO

Customer Acct #:

IDAHO SECRETARY OF STATE
(if using pre-paid account)

05-01-2001 09:00
CK: 38132 CT: 146528 BH: 397795

1 @ 38.00 = 38.00 AMEND CERT # 2

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C 101889

SECRETARY OF STATE

01 MAY 17 AM 9:06 STATE OF MONTANA

SECRETARY OF STATE
STATE OF IDAHO

CERTIFICATE OF FACT

I, **BOB BROWN**, Secretary of State of the State of Montana, do hereby certify that on **April 29, 1980**, **COMPUTER CLAIMS ADMINISTRATION INC** was incorporated under the laws of the State of Montana and received its Certificate of Incorporation for a term of perpetual duration.

I further certify that on **January 4, 2001**, **COMPUTER CLAIMS ADMINISTRATION INC** filed an Amendment to the Articles of Incorporation changing the corporation name to **EMPLOYEE BENEFIT MANAGEMENT SERVICES, INC..**

I further certify that the registered agent for the corporation as listed on the 2001 annual report is **Frederick Larson, 2075 Overland Avenue, P.O. Box 21367, Billings MT, 59104-1367.**

I further certify that the officers and directors of the corporation as listed on the 2001 annual report are: Officers: President - Frederick H. Larson, Vice President, Secretary & Treasurer - Nicki Larson. Directors: Frederick Larson, Nicki Larson, Kevin Larson, Kirsten Mailloux, and Brad Mailloux.

I further certify that the corporation has filed all required reports with this office and that no notice or decree of dissolution has been filed with this office and is in good standing.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this **April 27, 2001.**



BOB BROWN
Secretary of State

