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# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

INSURANCE Associates Inc.

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

Name Health Insurance Associates Inc. Complete Address 324 Caldwell Blvd Suite A.  
(C 91021) Nampa, Idaho 83651

3. The general type of business transacted under the assumed business name is:  
 (mark only those that apply)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Retail Trade    | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities            |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture   | <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services        | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining   |

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

Phone number (optional) 208-466-4787

324 Caldwell Blvd Suite A  
Nampa, Idaho 83651

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

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Signature: Gary E. Collins  
 Printed Name: GARY E. COLLINS  
 Capacity: PRESIDENT H.I.A. INC.

(see instruction # 8 on back of form)

SECRETARY OF STATE

01/17/2001 09:00  
 CK: 4542 CT: 148679 BH: 372991

1 @ 20.00 = 20.00 ASSUM NAME # 2

D4/815

Revision 12/99

Information.pdf

FILED/EFFECTIVE  
 JAN 16 10 34 AM '01