

# APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

FILED



To the Secretary of State of Idaho 98 MAR 16 AM 9:14  
PO Box 83720  
Boise, ID 83720-0080

SECRETARY OF STATE  
STATE OF IDAHO

The undersigned partnership hereby applies for registration as a Limited Liability Partnership, and submits the following information pursuant to section 53-343A, I.C.

1. The name of the partnership is Advanced Benefit Insurance & Financial Services, L.L.P.
2. It's principal office is located at 1621 North Third Street, Suite 800,  
Coeur d' Alene, Idaho 83814
3. It's registered office in Idaho is located at 1621 North Third Street, Suite 800,  
Coeur d' Alene, Idaho 83814, and the name of the registered agent at that address is Daniel L. Crawford
4. The partnership is organized in the state of Idaho
5. The nature of it's business is business management
6. The name(s) and address(es) of at least one partner:

Name	Address
<u>Daniel L. Crawford</u>	<u>1621 N. Third St., Suite 800</u> <u>Coeur d' Alene, Idaho 83814</u>
<u>Mark D. Fisher</u>	<u>1621 N. Third St., Suite 800</u> <u>Coeur d' Alene, Idaho 83814</u>
<u>Karl L. Leavitt</u>	<u>1621 N. Third St., Suite 800</u> <u>Coeur d' Alene, Idaho 83814</u>

7. Other matters (optional):

8. Signature(s) of at least one partner listed in item 6.

Daniel L. Crawford

Mark D. Fisher

Karl L. Leavitt

File in duplicate

IDAHO SECRETARY OF STATE  
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