

## CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name.

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Please type or print legibly.

NOTE: See instructions on reverse before filing.

SEDWICK CLAIMS MANAGEMENT SERVICES		
2. The true name(s) and <u>business</u> address( business under the assumed business na <u>Name</u> SEDWICK CMS VENTURES, INC.	1100 R	entity or individual(s) doing  Complete Address  idgeway Loop Road s, TN 38120
3. The general type of business transacted  Retail Trade Transportati Wholesale Trade Constructio Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat  4. The name and address to which future correspondence should be addressed:  General Counsel-SEDGWICK CMS  1100 Ridgeway Loop Road  Memphis, TN 38120	ion and Pu	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
5. Name and address for this acknowledgm copy is (if other than # 4 above): Corporation Service Company 1201 Hays Street Tallahassee, FL 32301		Phone number (optional):  Secretary of State use only
gnature:aulJ. Posey, Jr.  apacity: Secretary  (see instruction #8 on back of form)	giltonpiformstabn formstabn.p65 Revised 01/2001	IDAHO SECRETARY OF STATE 10/23/2002 05:00 EK: 20.00 ET: 113311 BH: 64222 1 8 20.00 = 20.00 ASSUM NAME