

227

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

06 APR 11 PM 3:10

SECRETARY OF STATE
STATE OF IDAHO

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:

Murphy, Wright & Associates, A financial advisory practice of Ameriprise Financial Services

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

Douglas Murphy

3363 Merlin Drive, Idaho Falls, ID 83404-7427

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☒ Finance, Insurance, and Real Estate
- Submit
 Assume
 Name a

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

Douglas Murphy

3363 Merlin Drive

Idaho Falls, ID 83404-7427

**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

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

Chelsea Bialowas C/O CT Corporation System

401 2nd Ave S, #454

Minneapolis, MN 55401

Phone number (optional):

612-333-4315 ext. 3014

Secretary of State use only

Signature:

(Signature required)

Printed Name: Chelsea Bialowas

Capacity/Title: Attorney-in-Fact

(see instruction # 8 on back of form)

Revised March 2007

P 98638

IDAHO SECRETARY OF STATE
04/11/2006 05:00
CK: 93505 CT: 20160 BH: 948640
1 @ 25.00 = 25.00 ASSUM NAME # 2

60818

Limited Power of Attorney

NOTICE IS HEREBY GIVEN THAT Douglas L. Murphy
Primary Advisor

on behalf of his/her Franchise Name known as

Murphy, Wright & Associates(Franchise Name stated as it will be submitted to the state and/or county)
a financial advisory practice of Ameriprise Financial Services, Inc.

does hereby appoint Chelsea Bialowas and Summer Pavon as attorney-in-fact for the Franchise Name to act for the Franchise Name and in the Franchise Name's name for the limited purposes authorized herein.

The Franchise Name, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute documents necessary to file assumed name certificates in the states and/or counties as prescribed by the Franchise Name.

This Power of Attorney expires when revoked by the Franchise Name.

IN WITNESS WHEREOF the undersigned has executed this Limited

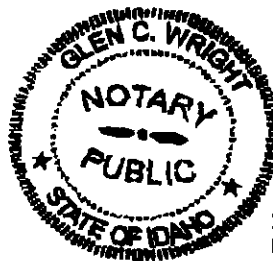
Power of Attorney of this 8 day of MARCH, 2006Douglas L. MURPHY

Primary Advisor Name

Signature

Sworn to before me this 9th day of MARCH, 2006

Notary Public



*Fax the completed form back to the Franchise Name department- (612) 671-1586.
If a notary imprint is used, please write in the pertinent notary information and
lightly rub over seal with pencil to ensure the seal will appear on the fax. Thank
you.