

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

08 FEB 29 AM 9:03
SECRETARY OF STATE
STATE OF IDAHO

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

LOST RIVER CONSULTING

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
<u>DAVE HANSEN</u>	<u>410 S FRONT ST</u>
<u></u>	<u>ARCO, ID 83213</u>
<u></u>	<u></u>

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

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

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

DAVE HANSEN
PO Box 100
ARCO ID 83213

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: DAVE HANSEN
(signature required)

Printed Name: DAVID HANSEN

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

g:\comp\form\idaho\form\idaho.p80
Revised 04/2003

IDAHO SECRETARY OF STATE
02/29/2008 05:00
CK: 102 CT: 158018 DH: 1101987
1 @ 25.00 = 25.00 ASSUM NAME # 2

D119537