

**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.

SECRETARY OF STATE

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

Christensen Consulting Group

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

NameComplete AddressMatt W. Christensen4895 N. LAWSONIA PLBOISE, ID. 83713

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

☐ Retail Trade☐ Manufacturing☐ Transportation and Public Utilities☐ Wholesale Trade☐ Agriculture☒ Finance, Insurance, and Real Estate☒ Services☐ Construction☐ Mining

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

Phone number (optional):

N/AMatt Christensen4895 N. LAWSONIA PLBOISE, IDAHO 83713

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  
YOUNG SECRETARY OF STATE  
208 334-2301

CK 2511 PG 31640 HLT 7/88/6  
Secretary of State and only

1 @ 20.00 = 20.00 ASSUM NAME

Signature: Matt ChristensenPrinted Name: Matt ChristensenCapacity: Sole Proprietor

(see instruction # 8 on back of form)

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