



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.

FILED/EFFECTIVE

2002 OCT 10 AM 8:38

CLERK OF DISTRICT CLERK OF IDAHO

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

Hawk Recovery

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

Joe Camp
Jade Watkins
Bryce Ransbottom

170 East 3rd South
Soda Springs, ID 83276

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

☐ Retail Trade

☐ Wholesale Trade

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

☐ Transportation and Public Utilities

☐ Construction

☐ Agriculture

☐ Mining

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

HAWK Recovery

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

Bryce Ransbottom
170 E. 3rd S.
Soda Springs, ID, 83276

Signature: Joe Camp (signature required)

Printed Name: Joe Camp

Capacity/Title: Partner

(see instruction # 8 on back of form)

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

Phone number (optional):

208-547-3095

Secretary of State use only

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Revised 07/2002

IDAHO SECRETARY OF STATE
10/18/2002 05:00
CK: 7221 CT: 164299 BH: 576751
1 @ 20.00 = 20.00 ASSUM NAME # 2

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