



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 JUN -7 AM 9:04
SECRETARY OF STATE
STATE OF IDAHO

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

LEAD Technologies

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

Daniel W. Larson

501 W. Broadway Ste. 200, Idaho Falls, ID 83402

151 S. Laveside Rd., Blackfoot, ID 83221

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

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

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

Dan Larson

151 South Laveside Road

Blackfoot, Idaho 83221

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 acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-589-8741

Secretary of State use only

Signature: Dan Larson

(signature required)

Printed Name: Dan Larson, P.E.

Capacity/Title: Sole Proprietor

(see instruction # 8 on back of form)

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Revised 01/2001

IDAHO SECRETARY OF STATE
06/07/2002 05:00
CK: MO CK # CT: 158010 BH: 470279
1 @ 20.00 = 20.00 ASSUM NAME # 2

DSS585