



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2010 DEC 14 PM 3:19

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

HB Strategy Group

- The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

HB Ventures Consulting LLC

12924 W ELMSPRING ST BOISE, ID 83713

(W91343)

- 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 type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

PAUL H HORSTMEIER

12924 W ELMSPRING ST

BOISE, ID 83713

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

Wm. Lyman Belnap

12550 W. Explorer Dr., Ste. 100

Boise, ID 83713

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Wm. Lyman Belnap

Printed Name: Wm. Lyman Belnap

Capacity/Title: Legal Counsel

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/14/2010 05:00
CK: 15756 CT: 250070 BH: 1250072
1 @ 25.00 = 25.00 ASSUM NAME # 2

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ORIGINAL