

Capacity/Title:

## **CERTIFICATE OF** ASSUMED BUSINESS NAME FILED FIFE CTIVE 40

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

STATE OF TOAHO

## Please type or print legibly. Instructions are included on back of application.

Northern Lakes Dock and Barge	
2. The true name(s) and <u>business</u> address(es business under the assumed business name <u>Name</u> Hansen's Diversified Services, Inc.	•
C/6/255	Oldtown, ID 83822
The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction	nder the assumed business name is: n and Public Utilities
✓ Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:  North Lakes Dock and Barge	Secretary of State 450 North 4th Street PO Box 83720
230 Larsen Lane	Boise ID 83720-0080 208 334-2301
Oldtown, ID 83822	200 004 2001
i. Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State use only
nature Fratting Linsen	
acity/Title: Sick Savy	
nature: nted Name:	IDAHO SECRETARY OF STATE  102/25/2011 05:00  CK: 614781 CT: 172099 RH: 126162  1 P 25.00 = 25.00 ASSUM NAME #

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