227	
CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS	S NAME
Pursuant to Section 53-504, Idaho Code, t submits for filing a certificate of Assumed E	the undersigned 2006 JUL 24 AM 9:20 Business Name.
Please type or print legibly.	SECRETARY
NOTE: See instructions on reverse befo	SECRETARY OF STATE STATE OF IDAHO
1. The assumed business neme which the underside days in the UP IDAHO	
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
LANtrip Consulting	
2. The true name(s) and business address(es) of the entity or individual(s) doing
business under the assumed business nam	ie:
Name	Complete Address
JUSTIN LANTRIP	P.O. Box 1686 Sandpaint, ID
3. The general type of business transacted un	der the accumed husiness name in
	der bie assumed business name is:
Retail Trade Transportation	and Public Utilities
U Wholesale Trade D Construction	
Services Agriculture	Submit Certificate of
Manufacturing 🗌 Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
JUSTIN LANTETP	Basement West PO Box 83720
-PO BOX (186	Boise ID 83720-0080
Sandpoint. TD 83864	208 334-2301
 Name and address for this acknowledgmer copy is (if other than #4 above). 	nt Phone number (optional):
COPY IS (if other than #4 above).	
	Secretary of State use only
	59 5
Signature: March antrip	
(signature required)	
Printed Name: Justin LAWIRLP	IDAHO SECRETARY OF STATE
Capacity/Title: <u>Owner</u>	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	CK: CASH CT: 158010 BH: 966356
	1 @ 25.00 = 25.00 ASSUM NAME # 8
	= 1202021