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.

JUN 13 2 48 PM '01

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

   LIGHTNING CREEK CONSULTING

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
LYNDA BENSON	538 S. BROWNING AVE.
	BOISE, ID 83709

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

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

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

   LYNDA BENSON
   LIGHTNING CREEK CONSULTING
   538 S. BROWNING AVE.
   BOISE, ID 83709

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

Phone number (optional): 208-376-8952

Signature: Lynda Benson
Printed Name: LYNDA BENSON
Capacity: OWNER
(see instruction # 8 on back of form)

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Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
06/13/2001 09:00
CK: 1970 CT: 147562 BH: 482519
1 @ 20.00 = 20.00 ASSUM NAME # 2

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