



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

12 APR -3 AM 8:49

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

LT GROUP

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

LEGENDARY TRANSPORTATION GROUP,

2593 W. TORANA DRIVE

NORTH DAKOTA OPERATIONS, LLC

MERIDIAN, ID 83646

(W109912)

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

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

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

TIMOTHY RAY BYBEE

2593 W. TORANA DR.

MERIDIAN, ID 83646

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

Secretary of State use only

Signature: Timothy Ray Bybee

Printed Name: TIMOTHY RAY BYBEE

Capacity/Title: PRESIDENT

Signature: _____

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE
04/03/2012 05:00
CK: 1003 CT: 260092 BH: 1310167
1 @ 25.00 = 25.00 ASSUM NAME # 2

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