

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

98 DEC 21 PM 2:49
SECRETARY OF STATE
STATE OF IDAHO

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

LST ENTERPRISES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

Steve Soran

**545 Shoshone St. S.
Twin Falls, Idaho 83301**

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future Phone number (optional): _____
correspondence should be addressed:

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

Signature: _____

Steve Soran

Printed Name: Steve Soran

Capacity: Partner
(see instruction #8 on back of form)

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
208 334-1000 SECRETARY OF STATE

12/21/1998 09:00
CX: 0064 CT: 100460 NH: 172054

1 @ 20.00 = 20.00 ASSUM NAME # 2

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