



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

05 AUG 23 PM 3:53

SECRETARY OF STATE
STATE OF IDAHO

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

The HurtStreet Network

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

<u>Name</u>	<u>Complete Address</u>
<u>Justin D. Laveque</u>	<u>1411 N. Liberty Unit G</u>
	<u>Boise ID 83704</u>

3. The general type of business transacted under the assumed business name is:

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

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

The Hurtstreet Network
1411 N. Liberty Suite G
Boise ID 83704
ATTN: Justin Laveque

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

Signature: (signature required)

Printed Name: Justin D. Laveque

Capacity/Title: Owner

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
 700 West Jefferson
 Basement West
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

Phone number (optional):

(208) 703-3724

Secretary of State use only

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IDAHO SECRETARY OF STATE
 08/23/2005 05:00
 CK: CASH CT: 150010 BH: 907042
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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