

Signature:_

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE 2017 SEP 29 AM 8: 42

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

SECRETARY OF STATE

1.	The assumed business name which the undersigned use(s) in the transaction of business is: Lost River Education Consulting						
2	The individual and/aven	414					
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):						
	Cindy L. Gregory	5306 Z	06 Zollinger Road				
	(Name)	(Address)	(Address)				
	(Name) (Address)						
	(Name) (Address)						
	(Name) (Address)				<u> </u>		
3.	The general type of business transacted under the assumed business name is:						
	☐ Retail Trade☐ Wholesale Trade☒ Services	☐ Aç	ConstructionAgricultureManufacturing		Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate		
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment copy is (if other than # 4):						
	Cindy L. Gregory			/ht a			
	5306 Zollinger Road			(Name)			
	(Address) Mackay Id	daho 8:	3251	(Address)		······································	
	(City)	(State)		(City)	(State)	(Zipcode)	
Pr	inted Name: Cindy L. Gre	gory			Secretary of State use only		
Sig	gnature: Lindy	X- Su	Control of the Control		IDAHO SECRETARY OF	የ ምል ጥድ	
Pr	inted Name:				09/29/2017 05	:00	
Si	gnature:			16 25	2682 CT:346369 BH 5.00 = 25.00 ASSU	:1605137 M NAME #2	
Pr	inted Name:				N97396		

Rev. 08/2015