

Capacity/Title:_ ひいかをた

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, ld submits for filing a certificate of Please type or print NOTE: See instructions on re	laho Code, the undersi f Assumed Business N t legibly.	gned ****
 The assumed business name wh business is: 	ich the undersigne	d use(s) in the transaction of
	MLH International	
The true name(s) and business a business under the assumed business. Name	iddress(es) of the e siness name:	entity or individual(s) doing Complete Address
Maria Howard		1500 Pancheri Dr. Suite 1
		Idaho Falls, ID 83402
Wholesale Trade Cor	nsportation and Put nstruction riculture ning eal Estate future	
 Name and address for this ackn copy is (if other than # 4 above): 	owledgment	Phone number (optional): 208-251-2123
	-	Secretary of State use only
Signature: Maria Howard Printed Name: MARIA HowArd	Pitomskabn formskabn p65 Revised 04/2003	IDAHO SECRETARY OF STATE 05/02/2007 05:00 CK: 1454 CT: 212887 BH: 1851031
Canacity/Title: OWNIEW	PMorm	1 0 25.00 = 25.00 ASSUM NAME # 2