

Signature:\_

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

Filing fee: \$25.00.

2017 MAR 27 SECRETARY	
SECRETARY C	AM 10: 26
STATE	)/ Or.

1	The assumed husiness na	me which the undersian	ed use(s) in the transaction of business to	
••	Mettlemade	me which the undersign	ed use(s) in the transaction of pusinessary	
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):			
	Mettlecorp Global Inc.	719 N Dundee Dr Po	ost Falls, ID 83854	
	(Mame) (C213281)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
3.	The general type of busine	ess transacted under the	assumed business name is:	
	<ul><li>☒ Retail Trade</li><li>☒ Wholesale Trade</li><li>☒ Services</li></ul>	<ul><li>☐ Construction</li><li>☐ Agriculture</li><li>☒ Manufacturing</li></ul>	<ul><li>Transportation and Public Utilities</li><li>Mining</li><li>Finance, Insurance, and Real Estate</li></ul>	
4.	Mailing address for future	correspondence:	<ol> <li>Name and address for this acknowledgment copy is (if other than # 4):</li> </ol>	
	Matthew Whipps			
	(Name) 719 N Dundee Dr		(Name)	
	(Address)		(Address)	
		D         83854           State)         (Zipcode)	(City) (State) (Zipcode)	
Printed Name: Matthew Whipps		os	Secretary of State use only	
Sig	gnature:			
Printed Name:			IDAHO SECRETARY OF STATE 03/27/2017 05:00	
Signature:			CK:169 CT:336813 BH:1575668 10 25.00 = 25.00 ASSUM NAME #5	
Pri	nted Name:			
Signature			D193174	

Rev. 08/2015