



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 APR 10 PM 12:02

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

INTERNATIONAL INVESTIGATIVE GROUP

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

Name

Complete Address

ALLIED RECOVERY SERVICE, LLC

1039 E. MANCHESTER DR., SPRINGFIELD, MO 65810

W124125

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:

IIVG C/O ALLIED RECOVERY SERVICE, LLC
921 S. ORCHARD, STE G, BOISE, ID 83705

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Signature: Anthony Elwood-Devenuta

Printed Name: ANTHONY ELWOOD-DEVENUTA

Capacity/Title: MANAGER/INVESTIGATOR

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/10/2013 05:00
CK: 1357218 CT: 172099 BH: 1368861
1 @ 25.00 = 25.00 ASSUM NAME # 4

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