



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

12 APR 17 PM 12:40

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:

Georgia Meacham & Company

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
<u>GLM LLC</u>	<u>76 Meacham + Dustin</u>
<u>(W 34108)</u>	<u>2058 Jennie Lee Dr.</u>
	<u>Idaho Falls, ID 83404</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 type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

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

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

Meacham & Dustin
2058 Jennie Lee Dr.
Idaho Falls, ID 83404

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

Georgia Meacham
1 Mesa Vista
Boise, ID 83705

Signature: Georgia Meacham

Printed Name: Georgia Meacham

Capacity/Title: Member Manager

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/17/2012 05:00
CK: 965945 CT: 172099 BH: 1320236
1 @ 25.00 = 25.00 ASSUM NAME # 2

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