9/21/2012



## **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.

2014 MAR -4 AM 8: 40

## Please type or print legibly. Instructions are included on back of application.

Instructions are included on back of	0°0~
The assumed business name which the business is:  Marden IT Services	e undersigned use(s) in the transaction of
Morden IT Services	
The true name(s) and <u>business</u> addre business under the assumed business     Name     David Morden     Sandra Morden	· · · · · · · · · · · · · · · · · · ·
Retail Trade Transpor Wholesale Trade Construct	
Services Agricultu  Manufacturing Mining  Finance, Insurance, and Real E	Submit Certificate of Assumed Business
<ol> <li>The name and address to which future correspondence should be addressed David Morden</li> </ol>	450 North 4th Street PO Box 83720
12361 W. Murchison St. Boise, ID 83709	Boise ID 83720-0080  208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above): same	gment
Signature	Secretary of State use only
Printed Name: David Morden	
Capacity/Title: Owner	IDAHO SECRETARY OF STATE
Signature:	93/94/2914 95:09 CX: 1282 CT: 158818 RH: 1413418
Printed Name: Sandra Morden	1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title: Co-Owner	- DU0301
abn.pm	Rev. 07/2010