

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before fi	lling.
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and business address(es) of business under the assumed business name: Name MMM CONSULTING LLC PU 35:764	Complete Address access
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: MMM cansul ting LLC PU BOX 1654	
MEDICAL LAKE, WASH 99(1) 2 5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
Menical Lake, wash 99022	Secretary of State use only
Signature: RICK MADDOX Capacity/Title: MANAGEN (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 01/11/2005 05:00 CK: 1611 CT: 185130 BH: 786687

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