

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 03 APR 29 PN 12: 37

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

| The assumed business name which the und business is: MM ENTERPRISES | |
|--|---|
| 2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name MARTYN MALLORY | of the entity or individual(s) doing e: Complete Address 228 E P(AZA SUITE B EAGLE, ID 83616 |
| 3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: MM ENTERPRISES 228 E PLAZA SUITE B ENGLE, ID 836/6 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgmen copy is (if other than # 4 above): | t Phone number (optional): |
| Signature: Mat Mall (signature focused) Printed Name: Mar 17 Maccory Capacity/Title: Owner. | Secretary of State use only Sed ugg state use only IDANO SECRETARY OF STATE 04/29/2003 05:00 CK: CASH CT: 150010 BH: 677469 1 0 25.00 = 25.00 ASSUM NAME # 2 |
| (see instruction # 8 on back of form) | DV4895 |