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

08 SEP 16 PM 1:15

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

	M2	
The true name(s) and business address(e business under the assumed business na Name	,	ntity or individual(s) doing Complete Address
M2 Automation & Control Services, Inc	5045 l	N. Marsh Ave. Garden City., ID 83714
C 121754		
3. The general type of business transacted t		
Retail Trade Transportation		olic Utilities
Wholesale Trade Construction ✓ Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat 4. The name and address to which future correspondence should be addressed: M2 Automation & Control Services, Inc 5045 N. Marsh Ave. Garden City., ID 83714		Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Name and address for this acknowledgm	- nent	208 334-2301 Phone number (optional):
COPY is (if other than # 4 above):		
Legalzoom.com, Inc. c/o Karmelia Fredrick		
7083 Hollywood Blvd. Suite 180	_	Secretary of State use only
Los Angeles, CA 90028 gnature: X (signature required)	CorpYroms\abn forms\abn.p65 Revised 04/2003	012486
rinted Name: Neal Timmerman	forms\abn form	IDAHO SECRETARY OF STA 09/16/2008 05
Capacity/Title:President	comptron	CK: 195059 CT: 167623 BH: 1 0 25.00 = 25.00 ASSUM