## **FILED EFFECTIVE**



## **CERTIFICATE OF ASSUMED BUSINESS NAME**

2011 HAY -4 PM 1:55

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

Please type or print legible Instructions are included on back of	
The assumed business name which the business is:	e undersigned use(s) in the transaction of
ML COM	IPUTER SERVICES
2. The true name(s) and <u>business</u> address business under the assumed business  Name  ML SERVICES, INC.	
	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:     Trina Shippen     545 Yellowstone Ave Idaho Falls, ID 83402	Qecretary or otate
5. Name and address for this acknowledg copy is (if other than #4 above): Scott Eskelson, attorney 425 South Holmes Ave	ment
Idaho Falls, ID 83401	Constitute of Physics and only
Signature: June Shuppen	Secretary of State use only
Printed Name: Trina Shippen	
Capacity/Title: President, ML Services , Inc.	
Signature:	_

IDAHO SECRETARY OF STATE

105/04/2011 05:00

CK: NONE CT: 113824 BH: 1272269

1 0 25.00 = 25.00 ASSUM NAME # 2

Printed Name:

Capacity/Title:\_\_