



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 MAR 27 AM 10:26  
SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

PrimeAlpha Health

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Mettlec Corp Global Inc. 719 N Dundee Dr Post Falls, ID 83854

(Name) (C213281) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Retail Trade    | <input type="checkbox"/> Construction             | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture              | <input type="checkbox"/> Mining                              |
| <input checked="" type="checkbox"/> Services        | <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

Matthew Whipps

(Name)

719 N Dundee Dr

(Address)

Post Falls

(City)

ID

(State)

83854

(Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Matthew Whipps

Signature: [Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

03/27/2017 05:00

CK:169 CT:336813 BH:1575662

18 25.00 = 25.00 ASSUM NAME #3

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