

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 7004 JUN 29 P 4: 21

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)

| 2 The true name(s) and husiness address(es) o   |  |
|---|--|
| business under the assumed business name:  Name  Allred Consulting, LLC   | of the entity or individual(s) doing  Complete Address  4642 West Dawson   |
| Allied Consulting, LLC  | Meridian, Idaho 83642  |
| 3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction  Wholesale Trade Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Allred Consulting, LLC  4642 West Dawson  Meridian, Idaho 83642 | 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 208 334-2301 |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above):  | Phone number (optional):   |
|   | Secretary of State use only  |
| nature: (signal required)  nted Name C. Stephen Allred  | IDAHO SECRETARY OF STATE  O6/29/2004 95 a  CK: 4012 CT; 1626 BH; 753   |
| pacity/Title: Managing Member   | IDAHO SECRETARY OF STATE 96/29/2004 95: CK: 40132 CT: 1626 BH: 753   |

06/29/2004 05 ± 00 CK: 48132 CT: 1626 BH: 753895 8 25.88 = 25.88 ASSUM MANE # 2

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