

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

2010 DEC 27 PM 2:03

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

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

AEGIS Community Education

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

| <u>Name</u> | <u>Complete Address</u> |
|------------------|---|
| <u>BMH, Inc.</u> | <u>98 Poplar St., Blackfoot, ID 83221</u> |
| <u>C167600</u> | <u></u> |
| <u></u> | <u></u> |

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

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

4. The name and address to which future correspondence should be addressed:

D. Jeffery Daniels, CFO
98 Poplar St.
Blackfoot, ID 83221

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Signature: *D. Jeffery Daniels*
Printed Name: D. Jeffery Daniels
Capacity/Title: CFO
Signature: _____
Printed Name: _____
Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/27/2010 05:00
CX: 571692 CT: 172099 DH: 1252601
1 @ 25.00 = 25.00 ASSUM NAME # 5

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