

SECRETARY OF STATE
Linda McCulloch -- State of Montana



Montana State Capitol
PO Box 202801
Helena, MT 59620-2801

CHRISTENSEN & PREGÉAU PLLP
314 N LAST CHANCE GULCH STE 300
HELENA MT 59601

CERTIFICATE OF FILING

I, LINDA McCULLOCH, Secretary of State of the State of Montana, do hereby certify that

MERLIN COUNSELING & CONSULT INC

filed its ABN REGISTRATION in this office and has fulfilled the applicable requirements set forth in law. By virtue of the authority vested in the office, I hereby issue this certificate evidencing filing effective on the date shown below. I wish you the best of luck with all your future endeavors as part of the Montana business community.

Certified File Number: A235173 - 235173

Dated: February 3, 2015

Effective Date: January 23, 2015

This filing will expire five years from the filing date listed above.

A handwritten signature in cursive script that reads "Linda McCulloch".

Linda McCulloch
Secretary of State



STATE OF MONTANA

Prepare, sign, and submit with an original signature and filing fee.
This is the minimum information required.

REGISTRATION of
ASSUMED BUSINESS NAME
APPLICATION
30-13-203, MCA



(This space for use by the Secretary of State only)
STATE OF MONTANA
FILED
JAN 23 2015
SECRETARY OF STATE

MAIL: LINDA McCULLOCH
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov

Required Filing Fee: \$20.00
 24 Hour Priority Handling check box & Add \$20.00
 1 Hour Expedite Handling check box & Add \$100.00

1. The Assumed Business Name is:

Merlin Counseling & Consult, Inc.

NOTE: An applicant for an assumed business name may not use a business name identifier that incorrectly states the type of entity that it is, or incorrectly implies that it is a type of entity other than the type of entity that it is 30-13-202, MCA.

2. The description of the business transacted under the Assumed Business Name:

Mediation, counseling & consulting services

3. The date the applicant first used the proposed assumed business name in commerce is (cannot be a future date):

_____. If left blank, date of first use is date of filing in SOS office.
(month/day/year)

4. The applicant is (check **only** one and complete where appropriate):

A Corporation and the name of the Corporation is: Merlin Mediation, Counseling & Consult, Inc.

A Limited Liability Company and the name of the LLC is: _____

Limited Liability Partnership and the name of the LLP is: _____

Limited Partnership and the name of the LP is: _____

Association (Attach the names and business mailing addresses of all the members)

A Partnership: (Attach the names and business mailing addresses of the partners)

An Individual and the name of the individual is: _____

5. The business mailing address of the Assumed Business name is as follows:

Business Mailing Address: PO Box 1652

City: Helena State: MT Zip Code: 59624

6. I, **HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this document are true.

Christian D. Law _____ 1-22-15
Signature of Applicant (all Partnerships & LLPs must have at least 2 signatures) Date

Daytime Contact: Phone: (406)396-2993 Email: christian@cplawmt.com

D 251548

2015 JAN 23 PM 4: 14
Received
MT Secretary of State

SECRETARY OF STATE
Linda McCulloch -- State of Montana



Montana State Capitol
PO Box 202801
Helena, MT 59620-2801

CHRISTENSEN PREZEAU PLLP
314 N LAST CHANCE GULCH
HELENA MT 59601

CERTIFICATE OF FILING

I, LINDA McCULLOCH, Secretary of State of the State of Montana, do hereby certify that

MERLIN CC

filed its ABN REGISTRATION in this office and has fulfilled the applicable requirements set forth in law. By virtue of the authority vested in the office, I hereby issue this certificate evidencing filing effective on the date shown below. I wish you the best of luck with all your future endeavors as part of the Montana business community.

Certified File Number: A235874 - 0235874

Dated: February 24, 2015

Effective Date: February 13, 2015

This filing will expire five years from the filing date listed above.

A handwritten signature in cursive script that reads "Linda McCulloch".

Linda McCulloch
Secretary of State



STATE OF MONTANA

Prepare, sign, and submit with an original signature and filing fee.
This is the minimum information required.

REGISTRATION of
ASSUMED BUSINESS NAME
APPLICATION
30-13-203, MCA



MAIL: **LINDA McCULLOCH**
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801

PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov

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0235874
STATE OF MONTANA
FILED
FEB 13 2015
SECRETARY OF STATE DJM

Required Filing Fee: \$20.00
 24 Hour Priority Handling check box & Add \$20.00
 1 Hour Expedite Handling check box & Add \$100.00

1. The Assumed Business Name is:

Merlin CC

NOTE: An applicant for an assumed business name may not use a business name identifier that incorrectly states the type of entity that it is, or incorrectly implies that it is a type of entity other than the type of entity that it is 30-13-202, MCA.

2. The description of the business transacted under the Assumed Business Name:

Counseling and consulting services

3. The date the applicant first used the proposed assumed business name in commerce is (cannot be a future date):

_____. If left blank, date of first use is date of filing in SOS office.
(month/day/year)

4. The applicant is (check **only one** and complete where appropriate):


- A Corporation and the name of the Corporation is: Merlin Mediation, Counseling & Consult, Inc.
- A Limited Liability Company and the name of the LLC is: _____
- Limited Liability Partnership and the name of the LLP is: _____
- Limited Partnership and the name of the LP is: _____
- Association (Attach the names and business mailing addresses of all the members)
- A Partnership: (Attach the names and business mailing addresses of the partners)
- An Individual and the name of the individual is: _____

2015 FEB 13 AM 3:28
MT Secretary of State
Received

5. The business mailing address of the Assumed Business name is as follows:

Business Mailing Address: PO Box 1652
City: Helena State: MT Zip Code: 59624

6. I, **HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this document are true.

 2/11/2015
Signature of Applicant (all Partnerships & LLPs must have at least 2 signatures) Date

Daytime Contact: Phone: 406-396-2993 Email: christian@cplawmt.com

SECRETARY OF STATE
Linda McCulloch -- State of Montana



Montana State Capitol
PO Box 202801
Helena, MT 59620-2801

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HELENA MT 59601

CERTIFICATE OF FILING

I, LINDA McCULLOCH, Secretary of State of the State of Montana, do hereby certify that

MERLIN CC, INC.

filed its ABN REGISTRATION in this office and has fulfilled the applicable requirements set forth in law. By virtue of the authority vested in the office, I hereby issue this certificate evidencing filing effective on the date shown below. I wish you the best of luck with all your future endeavors as part of the Montana business community.

Certified File Number: A235870 - 0235870

Dated: February 24, 2015

Effective Date: February 13, 2015

This filing will expire five years from the filing date listed above.

A handwritten signature in cursive script that reads "Linda McCulloch".

Linda McCulloch
Secretary of State



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* 0 2 3 5 8 7 0 *

STATE OF MONTANA

Prepare, sign, and submit with an original signature and filing fee.
This is the minimum information required.

REGISTRATION of
ASSUMED BUSINESS NAME
APPLICATION
30-13-203, MCA



MAIL: **LINDA McCULLOCH**
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: (406) 444-3665
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WEB SITE: sos.mt.gov

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0275870
STATE OF MONTANA
FILED
FEB 13 2015

SECRETARY OF STATE *DK*

Required Filing Fee: \$20.00
 24 Hour Priority Handling check box & Add \$20.00
 1 Hour Expedite Handling check box & Add \$100.00

1. The Assumed Business Name is:

Merlin CC, Inc.

NOTE: An applicant for an assumed business name may not use a business name identifier that incorrectly states the type of entity that it is, or incorrectly implies that it is a type of entity other than the type of entity that it is 30-13-202, MCA.

2. The description of the business transacted under the Assumed Business Name:

Counseling and consulting services

3. The date the applicant first used the proposed assumed business name in commerce is (cannot be a future date):
_____. If left blank, date of first use is date of filing in SOS office.

(month/day/year)

4. The applicant is (check **only one** and complete where appropriate):

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Limited Partnership and the name of the LP is: _____

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A Partnership: (Attach the names and business mailing addresses of the partners)

An Individual and the name of the individual is: _____

5. The business mailing address of the Assumed Business name is as follows:

Business Mailing Address: PO Box 1652

City: Helena State: MT Zip Code: 59624

6. I, **HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this document are true.

Christian D. K... 2/11/2015
Signature of Applicant (all Partnerships & LLPs must have at least 2 signatures) Date

Daytime Contact: Phone: 406-396-2993 Email: christian@cplawmt.com

2015 FEB 13 PM 3:28
MT Secretary of State
Received