

SECRETARY OF STATE  
Linda McCulloch -- State of Montana

PRIORITY



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

HUGHES KELLNER SULLICAN & ALKE  
PO BOX 1166  
HELENA MT 59624

**CERTIFICATE OF FILING**

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

**MERLIN MCC**

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:** A233857 - 233857

**Dated:** December 19, 2014

**Effective Date:** December 18, 2014

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

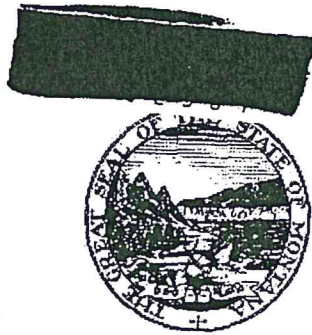
Linda McCulloch  
Secretary of State



# 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)  
233857  
STATE OF MONTANA  
**FILED**  
DEC 18 2014  
SECRETARY OF STATE  
16765-05

**PRIORITY**

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](http://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 MCC

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: \_\_\_\_\_

Received  
MT Secretary of State  
2014 DEC 18 PM 3:22

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.

Chf Dr 12-18-2014  
Signature of Applicant (all Partnerships & LLPs must have at least 2 signatures) Date

Daytime Contact: Phone: (406) 396-2993 Email: cdietrich@hksalaw.com

SECRETARY OF STATE  
Linda McCulloch -- State of Montana

PRIORITY



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

HUGHES KELLNER SULLICAN & ALKE  
PO BOX 1166  
HELENA MT 59624

CERTIFICATE OF FILING

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

**MERLIN MCC, 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:** A233856 - 233856

**Dated:** December 19, 2014

**Effective Date:** December 18, 2014

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



\* A 2 3 3 8 5 6 \*



\* 2 3 3 8 5 6 \*

# STATE OF MONTANA

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](http://sos.mt.gov)



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

(This space for use by the Secretary of State only)  
233856  
STATE OF MONTANA  
**FILED**  
DEC 18 2014 #20  
SECRETARY OF STATE  
16765-04

PRIORITY

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 MCC, 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.

Chf Drl  
Signature of Applicant (all Partnerships & LLPs must have at least 2 signatures) Date: 12-18-2014

Daytime Contact: Phone: (406) 396-2993 Email: cdietrich@hksalaw.com

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