

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

12 APR 12 AM 9: 13

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

SECRETARY OF STATE STATE OF IDAHO

<ol> <li>The assumed business name which the understanding business is:</li> <li>The Woodshed</li> </ol>	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name  Leldon R Miller	
3. The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Leldon Miller  18945 2400 E  Goodina TD 83330	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	t
Signature: Yeld mille	Secretary of State use only
Printed Name: Le Idon Miller Capacity/Title: Owner Signature: Leldon Miller Signature: Leldon Miller	IDANO SECRETARY OF STATE  94/12/2012 05:00  CK: 1414 CT: 158810 BH: 1319485 1 0 25.00 = 25.00 ASSUM NAME 11 2
Printed Name: Capacity/Title:	D154787