227		
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)		
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.		
1.	The assumed business name which the business is:	
	Miller Enterprises	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Name	Complete Address
	Robert L. Miller	200 W 15 N
		SEROME 10 83338.
3. The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Ketail TradeManufacturWholesale TradeAgricultureServicesConstruction	Finance, Insurance, and Real Estate
4.	The name and address to which future correspondence should be addressed:	Phone number (optional):
	ROBERT L. MILLER	- Submit Certificate of
	200 WEST 75 NORTH	Assumed Business Name and \$20.00 fee to:
	JEROME, ID 83338	Secretary of State
5.	Name and address for this acknowledgm COPy is (if other than # 4 above): D.L. Evans Bank	t 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
:	P.O. BOX 87	- Secretary of State use only
	TWIN FALLS, ID 83303	TDAHO SECRETARY OF STATE
Signat	ure: Man I Miller	CK: 3441 CT: 24085 BH: 279536
	Name: Robert L. Millen	- 1 @ 20.00 = 20.08 ASSUM NAME # 2
Printed Name: MDDer/ 2. 11/11/PM B Capacity:		
(see instruction # 8 on back of form)		