## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO 8 43 M 198 Pursuant to Section 53-504, Idaho Code, the undersigned T.

	gives notice of adoption of an Ass		
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	MILLS ENTERPRISES		
2.	The true name(s) and business address(es) business under the assumed business name	e is/are:	or individual(s) doing
			*
	DON MILLS 2	425 Taffi	1 Crd
		Nampa	10 336687
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		med business name is:
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction		nsportation and Public Utilities ance, Insurance, and Real Estate ing
4.	The name and address to which future Phone number (optional):correspondence should be addressed:		
	MILLS ENTERPRISES	ļ	Submit Certificate of
	2425 TAFFY CT.		Assumed Business
			Name and \$20.00 fee to:
5.	NAMPA 1D 83687  Name and address for this acknowledgment copy is (if other than # 4 above):	t	Secretary of State 700 West Jefferson Basement West PO Box 83720
			Boise ID 83720-0080 208 334-2301
			206 334-2301
			Secretary of State use only
		Revision 1/88	j i
	$n = A_k$ .	1 2	INAMO SECRETARY OF STATE

Sign

Printed Name: DON MILLS

Capacity: OWNER

(see instruction # 8 on back of form)

28.80 = 28.86 ASSUM HOME 1 2