

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.

(see instruction # 8 on back of form)

06 MAR 21 PM 1:48

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned business is: McMillin Enterprise	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: Name Deanna McMillin 1018	ntity or individual(s) doing Complete Address CO Claudía Rd Sorsez 8
3. The general type of business transacted under the a Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Deanna McMillin 10180 Claudia Rd Baise ID 83714	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State use only
Signature: Deanna Mc Millin Printed Name: Deanna Mc Millin Capacity/Title: Sole Propietor	IDAHO SECRETARY OF STATE 03/21/2006 05:00 CX: CASH CT: 158818 BH: 944629 1 8 25.68 = 25.66 ASSUM MANE 8 2