



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2004 FEB -6 AM 9:03

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Bottomfeeder

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Michael MILES

239 11th St. Idaho Falls, Id 83404

Kathy MILES

239 11th St. Idaho Falls, Id 83404

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Michael MILES

239 11th St.

Idaho Falls, Id 83404

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-528-6683

Secretary of State use only

072885

Signature: Michael W Miles

Printed Name: Michael W Miles

Capacity: _____

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE
02/06/2004 05:00
CK: 1209 CT: 158010 BH: 725941
1 @ 25.00 = 25.00 ASSUM NAME # 2