



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 SEP 27 AM 10:15

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

StrawberryPlace

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

Name
Robert L. Miller

Complete Address
267 Buckingham Drive

Twin Falls, ID 83301

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

- ☒ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ 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:

StrawberryPlace
267 Buckingham Drive
Twin Falls, ID 83301

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

Phone number (optional):

208-735-8229

Signature: Robert L. Miller

(signature required)

Printed Name: Robert L. Miller

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
 10/25/2004 05:00
 CK: MD CK # CT: 158818 BH: 773858
 1 @ 25.00 = 25.00 ASSUM NAME # 2

FILED EFFECTIVE

D 8/300