



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.

2006 JAN 20 AM 9:10

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 use(s) in the transaction of business is:

Swiftwater Outfitters

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

Lenny D. Miller

4107 W. Depot Springs, Cheney WA 99004

Bryan C. Miller

39958 Project Lane, Peck ID 83845

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input 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:

39958 Project Lane, Peck ID 83845

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

4107 W Depot Springs Rd, Cheney WA 99004

Phone number (optional):

509-235-8354

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____

Lenny D. Miller

Capacity/Title: _____

Partner

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE
01/20/2006 05:00
CK: 3041 CT: 150010 BH: 933130
1 @ 25.00 = 25.00 ASSUM NAME # 2