Capacity:___

(see instruction # 8 on back of form)

	CERTIFICATE OF ASSUI	See instructions on reverse.)
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. STATE OF IDAHO		
1.	The assumed business name which the ur business is: MILES WILLARD COMPA	.,
HILLO WIDERLY CONTINUE		
2.	The true name(s) and business address(es business under the assumed business name	
7129	Name Miles Willard Technologies L.L.P. 655 W. Sunnyside Road	Complete Address
	P.O. Box 1747 Idaho Falls, ID 83403	
3.	The general type of business transacted un (mark only those that apply)	under the assumed business name is:
	☐ Retail Trade ☒ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Finance, Insurance, and Real Estate
4.	The name and address to which future Phone number (optional): correspondence should be addressed:	
	Randy J. Kern Miles Willard Technologies L.L.P. P.O. Box 1747	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Idaho Falls, ID 83403	Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgmer copy is (if other than # 4 above): D. John Thornton & Associates, P.A.	PO Box 83720 Boise ID 83720-0080
	Attention: Kathleen A. Rockne P.O. Box 7156	208 334-2301
	Boise, ID 83707-1156	Secretary of State use only
Signatu	re Randy Mh	03/05/1998 09:00 CK: 3052 CT: 44531 BH: 87658 1 8 20.00 = 20.00 ASSUM NAME
Printed Name: Randy J. Kern		
	y: Partner	012715