

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

2015 MAR -5 AM 8: 56

Please type or print legibly. Instructions are included on back of application.

The true name(s) and <u>business</u> address business under the assumed business Name	
Mirinda Climer	<u>Complete Address</u> 310 N Main St Gooding, ID 83330
Billi JoAnn Miles	310 N Main St Gooding, ID 83330
Finance, Insurance, and Real E	Assumed Business Estate Name and \$25.00 fee to:
The name and address to which futu correspondence should be addresse Billi JoAnn Miles	d: 450 North 4th Street PO Box 83720
310 N Main St	Boise ID 83720-0080 — 208 334-2301
Gooding, ID 83330	250 057 2001
Name and address for this acknowle copy is (if other than # 4 above):	dgment

IDAHO SECRETARY OF STATE 03/05/2015 05:00

CK: 6352 CT: 307303 BH: 1464833 $10\ 25.00 = 25.00 \text{ ASSUM NAME } #2$

177280

Capacity/Title: Co-Owner

Capacity/Title: Co-Owner

Printed Name: Billi JoAnn Miles

Signature: ////