

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. 2005 MAR 14 AM 9: 11

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u>	(es) of the entity or individual(s) doing ame: Complete Address
Jeff Miller	389 Tamarach Love Sayle ID8386 P.O. Box 947
3. The general type of business transacted u Retail Trade Transportatio Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Teff Miller Por Box 947 Sagle, To 83860 5. Name and address for this acknowledgme copy is (if other than #4 above):	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
Signature:	Secretary of State use only
Printed Name: Teffrey A Millet Capacity/Title: Owner (see Instruction # 8 on back of form)	IDANO SECRETARY OF STATE 93/14/2005 95:00 CK: 5162 CT: 1500 BN: 798224 1 0 25.00 ASSUM MANE 8