

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.

Ti MOV 17 AM 9:06

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

SECHE OF OF STATE STATE OF IDAHO

N	Magic Valley Wood Works
The true name(s) and <u>business</u> act business under the assumed busi Name Edson Miller	ddress(es) of the entity or individual(s) doing iness name: Complete Address 1348S 2000E Gooding, ID 83330
Retail Trade Trans Wholesale Trade Con Services Agri	sacted under the assumed business name is: sportation and Public Utilities struction iculture Submit Certificate of
✓ Manufacturing	Assumed Business
 The name and address to which f correspondence should be address Edson Miller 	ssed: 450 North 4th Street PO Box 83720
1348S 2000E Gooding, ID 83330	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknown copy is (if other than # 4 above):	wledgment
a Gl Mill	Secretary of State use only
Signature: Steph Miller	
Printed Name: Edson Miller	**************************************
Capacity/Title: Owner	IDAHO SECRETARY OF STATE 11/17/2011 05:00
Signature:	CK: 5551 CT: 264232 BH: 1298471
Printed Name:	
Capacity/Title:	7151120

abn.pmd Rev. 07/2010

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