CERTIFICATE OF ASS (Please type or print legibly	SUMED BUSINESS NAME y. See instructions on reverse. STATE OF IDAHO AM ID: 26
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned TATE OF IDAHO gives notice of adoption of an Assumed Business Name.	
The assumed business name which the undersigned use(s) in the transaction of business is:	
Torrescore Valle	1 Stables
The true name(s) and business address business under the assumed business	s(es) of the entity or individual(s) doing name is/are:
Darci ne miller	Complete Address 241 N. IOWA AVE Parjette ID 8 Color
Danien F. Millor	241 N. JOWA AVE, PAYETK, ID 831201
The general type of business transacted (mark only those that apply)	d under the assumed business name is:
Retail Trade Manufactu Wholesale Trade Agriculture Services Constructi	Finance, Insurance, and Real Estate
The name and address to which future correspondence should be addressed:	Phone number (optional): <u>208 にいんごよ</u> る
241. N. IOWA AVE	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledge copy is (if other than #4 above):	Secretary of State 700 West Jefferson ment Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Jan Miller	1DAHO SECRETARY OF STATE
Printed Name: Darci M Miller	CK: 1988 Cf: 133886 BH: 335799
Capacity: Owner / Manager	1 & 26.66 = 26.86 ASSUM MANE # 2
(see instruction # 8 on back of form)	