

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2007 FEB 26 AN 8 56

Please type or print legibly.

NOTE: See instructions on reverse before filing.

| The assumed business name which the under business is: Shake River Self- | • (, |
|--|---|
| 2. The true name(s) and business address(es) business under the assumed business name Name Robe(+ C. Miller | |
| 3. The general type of business transacted und | |
| Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: Bob miller 4727 (enter Lane Fruit land Id 83619 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| Name and address for this acknowledgmen copy is (if other than # 4 above). | nt Phone number (optional): 208~45~8より3 |
| | Secretary of State use only |
| gnature: <u>fobert(_mlle</u> | TDAHO SECRETORY OF DAYS |
| apacity/Title: <u>Owner</u> (see instruction # 8 on back of form) | IDAHO SECRETARY OF STATE ### 02/26/2007 05=06 CK: 1501 CT: 158010 BH: 103560 1 8 25.00 = 25.00 ASSUM NOME |