HOW 88 2888 13.48 18 18 18 18 2	
CERTIFICATE OF ASSUMED BUSINESS NAME EFFECTOR (Please type or print legibly. See Instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.	
1. The assumed business name which the undersigned use(s) in the transaction of business is: MILIN CONCEPTS	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address	
LINIAA R. RIGGS	7024 N. 16th ST
MICHAEL J. RIGGS	BALTON GARAGUS, 10 83815
3. The general type of business transacted under the assumed business name is: (mark only those (hat apply)) Retail Trade	
COPUR D'ALENE, 10 83	Secretary of State use only
Signature Sinda R Riggo	ē.
Printed Name: LINDA R RIGGS	IDAHO SECRETARY OF STATE 93/13/2003 05:00 CK: 9780121701 CT: 158010 BH: 668330 1 0 20.00 = 20.00 ASSUM NAME # 2
(see Instruction # 8 on back of form)	1 e 20.00 = 20.00 ASSUM NAME # 2