227	
CERTIFICATE O ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code submits for filing a certificate of Assumed Please type or print legibly. NOTE: See instructions on reverse bed	SS NAME a, the undersigned d Business Name. 2003 APR 16 AM 8: 43
 The assumed business name which the u business is: MILL CREEK S. 	
 2. The true name(s) and business address(e business under the assumed business name Name <u>TOSEPH 5. KELLEN</u> <u>TAMARA F. KELLEN</u> 3. The general type of business transacted under the second sec	es) of the entity or individual(s) doing me: Complete Address <u>10176 TRESTCE WOOD BOISC, JD 6376</u> <u>10176 TRESTCE WOOD BOISC, JD 6376</u> <u>10176 TRESTCE WOOD BOISC, JD 6376</u> Meer the assumed business name is: Name and Public Utilities Submit Certificate of FT Assumed Business Name and SAMO fee to: <u>25.00</u> Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: <u>Joseph S. Kelle</u> (signature required) Printed Name: <u>Joseph S. KELLEN</u> Capacity/Title: <u>PRESIdent</u> (see instruction # 8 on back of form)	Der Lossen Der Lossen Der Lossen Der Lossen Der State
	CK: 7247 CT: 156010 BH: 676203 1 8 25.00 = 25.00 ASSUM NAME # 2