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CERTIFICATE OF ASSUMED (Please type or print legibly. See ins	Tructions on reverse.)
To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Coc gives notice of adoption of an Assume	de, the undersigned
The assumed business name which the undersign business is:	ned use(s) in the transaction of
Gifted	<u> </u>
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Name	Complete Address
Camille Miller 11311 u	J. Hickory Rise Dr Boise 1D 83713
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade	
correspondence should be addressed:	Imber (optional): 377-2459
1311 W. Hickory Rise Dr	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this adknowledgment copy is (# other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Camille Mills	IDAHO SECRETARY OF STATE
Printed Name: Camillo Miller	11/16/2000 09:00 CK: 2516 CT: 138563 BH: 361273
Capacity: (see instruction # 8 on back of form)	1 8 28.86 = 28.80 ASSUM NAME # 2