

227

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Instructions are included on back of application.

2016 FEB -4 AM 9:20

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Miller's Harvest Foods

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Miller's Food City Inc</u>	<u>P.O. Box 279</u>
<u>C55647</u>	<u>31964 N. 5th</u>
	<u>Spirit Lake, ID</u>
	<u>838609</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

P.O. Box 279
Spirit Lake
Idaho 838609

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Carol Miller
Printed Name: Carol J. Miller
Capacity/Title: Secretary
Signature: Kevin M. Miller
Printed Name: KEVIN M MILLER
Capacity/Title: OWNER/MANAGER
President

Secretary of State use only

IDAHO SECRETARY OF STATE

02/04/2016 05:00

CK:51412 CT:319869 BH:1511991
10 25.00 = 25.00 ASSUM NAME #2

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