

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 AUG 21 AM 10: 21

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the business is: Tracing the Pa	
2. The true name(s) and <u>business</u> address(business under the assumed business name Name Roderick Miller	
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Services Agriculture	ion and Public Utilities on
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Roderick Miller 7174 Cascade Dr. Rolle, 17 83704	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent
	Secretary of State use only
Printed Name: Roderick Miller Capacity/Title: Chairman	IDAHO SECRETARY OF STATE 08/21/2014 05:00 CK:1031 CT:158010 BH:1438225 16 25.00 = 25.00 ASSUM NAME #
Signature:	-
Printed Name:	1)17224.

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