

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

05 OCT 12 AMII: 20

Bag of Juls	STATE OF IDA HO
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	Complete Address
Julia Marie McMillen	Hoise, Di 83702
The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P	ublic Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
477 N. Torridon Way	PO Box 83720
Prise Dd \$3702	Boise ID 83720-0080
	208 334-2301
5. Name and address for this acknowledgment COpy is (if other than # 4 above):	Phone number (optional):
. , ,	
	Secretary of State use only
nature: Superior (signature required) Ull la go	
nature: (signature required)	
ited Name: Julia Millen	
pacity/Title: Those Decimes	

IDAHO SECRETARY OF STATE
10/12/2005 05:00
CK: CASH CT: 158010 BH: 916475
1 8 25.00 = 25.00 ASSUM NAME # 2

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