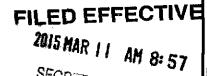


## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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.



SECRETARY OF STATE STATE OF IDAHO

BRUNEAU JR RODEO	
The true name(s) and <u>business</u> addr business under the assumed busine	ress(es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
TAMARA L MILLER	31286 HWY 51
	BRUNEAU, ID 83604
2. The general type of hypinese transp	ated under the populated business name is:
	cted under the assumed business name is: ortation and Public Utilities
Retail Trade I I ranspo	
Services Agricul	
☐ Manufacturing ☐ Mining	Submit Cartificate of
Finance, Insurance, and Real	Assumed Business
i mance, mourance, and iteal	Estate Name and \$25.00 fee to:
4. The name and address to which futu	Secretary of State
correspondence should be addresse	450 North 4th Street PO Box 83720
BRUNEAU JR RODEO	Boise ID 83720-0080
31286 HWY 51	208 334-2301
BRUNEAU, ID 83604	
<ol> <li>Name and address for this acknowle copy is (if other than # 4 above):</li> </ol>	edgment
Bruneau T- Rode o	
5 05-1 11 21	<del></del>
Bruneau In 8366	<u> </u>
The state of the s	Secretary of State use only
signature: \awanaz / YU	Many
rinted Name: TAMARA L. MILLER	IDANO SECRETARY OF STATE
Capacity/Title: SECRETARY	03/11/2015 05:00
ignature:	CK:1626 CT:158010 BH:146 
Printed Name:	an weare are no and the

abn.pmd Rev. 07/2010

1)177435

Capacity/Title:\_