

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 2015 MAY 22 AM 8: 36

SECRETARY OF STATE STATE OF IDAHO

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

Capacity/Title: Owner

Signature:

Printed Name: Capacity/Title:

The true name(s) and <u>business</u> address(business under the assumed business n	ame:
Name Veronica L Miller	Complete Address 560 Packard Ave., Pocatello, Idaho, 83201
The general type of business transacted Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	on and Public Utilities Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Veronica L Miller 560 Packard Ave. Pocatello, Idaho 83201	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgm copy is (if other than # 4 above):	nent

CK:22220014680 CT:158010 BH:1476590 1@25.00 = 25.00 ASSUM NAME #2

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