



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

11 MAR -9 PM 12:23

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 undersigned use(s) in the transaction of business is:

business is: Miller Medical Equipment Service

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>
Gregory Wayne Miller	3201 S. Centennial Ave Boise, ID 83706

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

Gregory W. Miller
3221 S. Centennial Ave
Boulder, CO 80506

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

**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

Secretary of State use only

Signature: David M. A. Miller

Printed Name: Greg W. Miller

Capacity/Title: Owner/Operator

Signature: _____

Printed Name:

Capacity/Title:

IDAHO SECRETARY OF STATE
 03/09/2011 05:00
 CK: 1121 CT: 150010 BH: 1263429
 1 @ 25.00 = 25.00 ASSUM NAME # 2

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