## CERTIFICATE OF ASSUMED BUSINESS NAME

| ado   | ption of an Assumed Business Na   | ano Code, II<br>me.         | STATE OF IDAHO   |
|---|---|-----------------------------|--|
| <b>1</b> .  | The assumed business name which business is:  | the under                   | ersigned use(s) in the transaction of  |
| 2.  | The true name(s) and business ad business under the assumed business                                  | idress(es) o<br>ness name i | of the entity or individual(s) doing<br>is/are:<br><u>Address</u>  |
|   | Bill R. Miller  |                             | 2027 Idalo St.<br>Lewiston ID. 83501   |
| 3.  | Clar Sales  | sacted unde                 | der the assumed business name is:  |
| See categories on the reverse  4. The name and address to which correspondence should be addressed:    Rill RM. / 12- 3027 Tolaho St. |   |                             |  |
|   |   | Signed By Capacity_         | Bis Refeller<br>Byl R. Miller<br>Owner   |
|   | Submit Certificate of Assumed   |                             | Customer #   |
|   | Business Name and \$20.00 fee  Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 | to:                         | Secretary of State use only IDAHO SECRETARY OF STATE  W2/23/1998 Ø9:00  CK: 3297 CT: 94686 NH: 84438  1 9 20.00 = 20.00 ASSUM NAME  Old Udaysum  Old V// P |