

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 2005 MAR 3 | All 8: 58

Please type or print legibly.

NOTE:	See in	structions	on	reverse	be	fore	filing.

STATE OF TOAHO

1 86227

1. The assumed business name which the under business is:	
2. The true name(s) and business address(es) business under the assumed business name Name Agron Miller Hmy Miller	of the entity or individual(s) doing
3. The general type of business transacted und	ler the assumed business name is:
 Wholesale Trade Services Manufacturing Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Advon or Amy Miller P.O. Box 76 Pinfluits+ 10 83856	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than #4 above):	Phone number (optional):
	Secretary of State use only
Printed Name: HWY MINUS Capacity/Title: UWIEV (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE O3/31/2005 05 = 06 CK: 1443 CT: 158810 BH: 88188 1 @ 25.80 = 25.80 ASSUM HAME