CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

7012 MAY -8 191 2: 16

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

	3 MILE FIF	REWORKS
The true name(s) and <u>business</u> address(es business under the assumed business nam Name MARK JOHN MIERKE KRISTEN MIERKE		of the entity or individual(s) doing e: <u>Complete Address</u> 454 COPELAND RD BONNERS FERRY ID 83805 454 COPELAND RD BONNERS FERRY ID 83805
Retail Trad Wholesale Services Manufactur	Transportation Construction Agriculture	der the assumed business name is: and Public Utilities 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
5. Name and address copy is (if other than #	ss for this acknowledgment	
Signature: MW MM	9	Secretary of State use only
Printed Name: MARK Mil	ERKE	
Capacity/Title: OWNER		
Signature: Knime	mierko	
rinted Name: KRISTEN	MIERKE	IDAHO SECRETARY OF STATE
Capacity/Title: OWNER		05/08/2012 05:00 CK: 988019 CT: 172099 BH: 1323371

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