

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing. FILED EFFECTIVE

07 AUG 30 AM 8: 37

SECRETARY OF STATE STATE OF IDAHO

Miller Pro	perty Management
The true name(s) and business address business under the assumed business n     Name     Michael Miller	
3. The general type of business transacted	under the assumed business name is:
Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta  4. The name and address to which future correspondence should be addressed:  Michael Miller  2378 NE Stormy Mountain Pl  Mountain Home, Idaho 83647	Submit Certificate of Assumed Business
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment
ch/. It sell	Secretary of State use only  - Secretary of State use only
gnature: (signature required)	Limit State of Company
rinted Name: MicKael Miller apacity/Title: Owner (see instruction # 8 on back of form)	CK: 5818 CT: 158810 BH: 1873