

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Secretary of State

Business Ingiges AM 9: 40 www.idsos.state.id.us/

SECRETARY OF STATE STATE OF IDAHO

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

Edge Works	
Name  Mila Mila II	ddress(es) of the entity or individual(s) doing ness name:  Complete Address  3603 Thorndale Lp. Coemr & Alene, ID 83815  13796 Lauren Lp. Unit 1 Rathdrum, ID 83858
Retail Trade Trans	sacted under the assumed business name is: sportation and Public Utilities
Services Agric  Manufacturing Minin  Finance, Insurance, and Real	Submit Certificate of Assumed Business
4. The name and address to which fut correspondence should be address mike Mitchell 3603 Thorndale Lp. Coent of ID 83815	ed: 700 West Jefferson  Basement Wost
5. Name and address for this acknow copy is (if other than # 4 above):	rledgment ' Phone number (optional):
	Secretary of State use only  IDAHO SECRETARY OF STATE  CK: 186 CT: 158818 BH: 11228  1 8 25.88 = 25.88 ASSUM NAME