

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 SEP 25 AM 8: 52

SECRETARY OF STATE STATE OF IDAHO

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

Capacity/Title: MANAGING MEMBER (see instruction # 8 on back of form)

Bridgeview Pr	roperty Management
The true name(s) and business address(e business under the assumed business na Name Nicola J Miller Judith A Miller	
3. The general type of business transacted to Retail Trade Transportation	under the assumed business name is: on and Public Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat 4. The name and address to which future correspondence should be addressed: Nicola J. Miller, 425 N. Lupine Place Pine, ID 83647	Submit Certificate of Assumed Business
5. Name and address for this acknowledge copy is (if other than # 4 above):	nent
Judith A. Miller, 568 E. 100 N., Paul, ID 83347	Secretary of State use only
gnature: Nilla J. Miller inted Name: NICOLA J. MILLER	IDAHO SECRETARY OF STATE BY 25/2008 05: CK: 1057 CT: 158010 BH: 113 1 8 25.80 = 25.00 ASSUM NAI
apacity/Title: MANAGING MEMBER	CK: 1057 CT: 158010 BH: 113
(see instruction # 8 on back of form)	1