	CERTIFICATE OF ASSUN (Please type or print legibly. S	MED BUS	ne on reverse)
	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idal gives notice of adoption of an As	ho Code, the	undersigned 4/1700 SO
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	Millenniun f	look's	
2.	 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 		
	Jeff P Meger	222 <i>-</i> 1	mplete Address Stiller & Boise ID & 3 709
3.	The general type of business transacted ur	nder the assu	med business name is:
4.	(mark only those that apply) Retail Trade	☐ Fin ☐ Mir	ensportation and Public Utilities ance, Insurance, and Real Estate ning
	correspondence should be addressed: 2224 54:11en W Boise [P 83709]		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		n 12/89	Secretary of State use only IDAHO SECRETARY OF STATE
Signature: MM My		IDAHO SECRETARY OF STATE 9 01/19/2000 09:00 CK: CASH CT: 125413 BH: 282512	
Printed Name: Jeff Meger		992	1 8 20.00 = 20.00 ASSUM NAME # 2
Capacity:		orpiformslabn p65	D 32242
(see instruction # 8 on back of form)		arpifo -	V JCCTC