



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.

07 NOV -1 AM 8:38
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

MILLER, UNLIMITED

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

PENNY MILLER

1869 E. SELTICE WAY, #145

TORI MILLER

POST FALLS, IDAHO

83854

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

PENNY MILLER,
1869 E. SELTICE WAY, #145
POST FALLS, ID 83854

5. Name and address for this acknowledgment copy is (if other than # 4 above):

(AS ABOVE)

Phone number (optional):

(503) 508-5222

Secretary of State use only

D116456

Signature: Penny Miller
(signature required)

Printed Name: PENNY MILLER

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\comp\forms\stabin_forms\stabin.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
11/01/2007 05:00
CK: 305 CT: 158010 BH: 1883312
1 @ 25.00 = 25.00 ASSUM NAME # 2