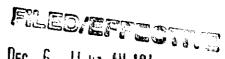




Capacity:

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME



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

DEC 6 11 41 AM '0!

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

SECRE

| | STATE OF LUAHO |
|--|-------------------------------|
| 1. The assumed business name which the undersign | |
| business is: | |
| aliens Motorcycle | CD = 0 |
| mens 11 and agent (| uv |
| | |
| 2. The true name(s) and <u>business</u> address(es) of the | entity or individual(s) doing |
| business under the assumed business name: | On which Address |
| Name | Complete Address |
| Thens Motoragela that 1012 | Drox Brust DR |
| William G Neuberger Bo | us IDAHO 82709 |
| William G. Company | |
| | |
| 3. The general type of business transacted under the | e assumed business name is: |
| o. The goneral type of business management and and | |
| Retail Trade Transportation and P | Public Utilities |
| ☐ Wholesale Trade ☐ Construction | |
| Services Agriculture | |
| | Submit Certificate of |
| ☐ Manufacturing ☐ Mining | Assumed Business |
| Finance, Insurance, and Real Estate | Name and \$20.00 fee to: |
| 4. The name and address to which future | Secretary of State |
| correspondence should be addressed: | 700 West Jefferson |
| L D | Basement West |
| 10170 tot Brush Dr. | PO Box 83720 |
| Roise Id 83709 | Boise ID 83720-0080 |
| <u> </u> | 208 334-2301 |
| | ··· |
| Name and address for this acknowledgment | Phone number (optional): |
| COPy is (if other than # 4 above): | 362-8505 |
| | 7 <u>62 0000</u> |
| | |
| | Secretary of State use only |
| | |
| Man I I I I I I I I I I I I I I I I I I I | |
| nature: Milland Neuberger. | |
| nted Name: Will And Neuberger. | IDAHO SECRETARY OF STATE |
| nted Name: Will Am Neuberger. | 12/06/2001 05:00 |

g:\corpYorn Rev

CK: CASH CT: 154336 BH: 433829 1 0 20.00 = 20.00 ASSUM MANE # 2