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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.
Instructions are included on back of application.

FILED EFFECTIVE

2012 MAR 15 PM 4:15

SECRETARY OF STATE
STATE OF IDAHO

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

DCC Doctor

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

<u>Name</u>	<u>Complete Address</u>
Model Train Warehouse, Inc.	593 East State Street
2188203	Eagle, ID 83616

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 checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

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

Operations Department - MTW, Inc.
593 East State Street
Eagle, ID 83616

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

N/A

Signature: Richard A. Schenck

Printed Name: Richard A. Schenck

Capacity/Title: President

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDaho SECRETARY OF STATE
03/16/2012 05:00
CK: 934111 CT: 172899 BH: 1315430
1 P 25.00 = 25.00 ASSUM NAME # 2