



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 2005 JAN 11 11:06  
submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Twisted Diesel

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

Kenny Vollmer

Jarid Vollmer

3238 W. 49<sup>th</sup> Idaho Falls, ID 83402

P.O. Box 858 Aberdeen ID  
83210

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

- |  |  |
|--|--|
| <input checked="" 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 |  |

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:

Twisted Diesel Attn:  
Jarid Vollmer  
P.O. Box 858 Aberdeen ID  
83210

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

Phone number (optional):

208 406 7717

Signature: Jarid Vollmer  
(signature required)

Printed Name: JARID Vollmer

Capacity/Title: Partner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDaho SECRETARY OF STATE  
01/11/2005 05:00  
CK: 738 CT: 158010 BH: 786447  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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