CERTIFICATE O	
ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code submits for filing a certificate of Assumed	, me undersigned and the CRI DM LOO
Please type or print legibly. NOTE: See instructions on reverse be	· · · · · · · · · · · · · · · · · · ·
<ol> <li>The assumed business name which the u business is:</li> </ol>	
Pro	Moto Billet
2. The true name(s) and business address(e business under the assumed business na	
Name	Complete Address
Lynn Hodges	1103 N. Shamrock St. Boise, ID. 83713
3. The general type of business transacted to	
Retail Trade     Transportation     Wholesale Trade     Construction	on and Public Utilities
Services Agriculture	
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estat	e Name and \$20.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Pro Moto Billet	Basement West PO Box 83720
1103 N. Shamrock St.	Boise ID 83720-0080
Boise, ID 83713	208 334-2301
5. Name and address for this acknowledge	nent Phone number (optional):
COPY IS (if other than #4 above):	208-377-8747
	Secretary of State use only
	. gg
ignature:	2002 2002
rinted Name: Lynn Hodges	Revised 09/2002
apacity/Title: Owner	
(see instruction # 8 on back of form)	<sup>6</sup> CK: 1318 CT: 166116 BH:
(see instruction # 8 on back of form)	1 8 20.00 = 20.00 ASSUM

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