227	FILED EFFECTIVE
CERTIFICATE O ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed Please type or print legibly. NOTE: See instructions on reverse bef	F S NAME the undersigned Business Name. Business Name. 08 FEB 19 AM 9: 14 SECRETARY OF STATE
 The assumed business name which the unbusiness is: <u>LYWCH</u> RACING + DERFORMED The true name(s) and business address (enbusiness under the assumed business name Name <u>State LYWCH</u> <u>owner</u> 	S) of the entity or individually between
3. The general type of business transacted ur	
5. Name and address for this acknowledgmen copy is (if other than #4 above): Signature: (signeture required) Printed Name: <u>ASOU</u> LUNCH Capacity/Title: <u>couveiR</u> (see instruction #8 on back of form)	Int Phone number (optional): 208-390-1927 Secretary of State use only IDAHO SECRETARY OF STATE 02/19/2008 05 ± 00 CK: 1644 CT: 222639 BH: 1106029 I # 25.08 = 25.09 ASSUM NAME # 2 J 1/9/147