

Signature Yo.

Capacity: Owner

Printed Name: Patricia Lee Evans

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

Please type or print legibly.

01 CCT 15 AN 9: 46

STATE OF TOAKO

NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Logo Motion 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 atricia Lee Evans 3468 Elm creek DR. Meridian ID 83642 Evans 3468 Elm creek DR. Meridian ID 83642 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and \$20.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 700 West Jefferson correspondence should be addressed: Basement West Hatricia Lee Evans PO Box 83720 Boise ID 83720-0080 3468 Elm Creek DR. 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): 898-0286 Secretary of State use only

Revised 01/2001

IDAHO SECRETARY OF STATE

10/15/2001 05:00

CK: 2331 CT: 152445 BH: 424392

0 20.00 = 20.00 ASSUM NAME # 2