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CERTIFICATE OF ASSU (Please type or print legibly.) To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Identity of the print section of an Assume the print section of the print section o	ATE OF IDAHO aho Code, the undersigned
1. The assumed business name which the ubusiness is: Auto Works	
2. The true name(s) and business address(e business under the assumed business na Name Horse Power LLC	
3. The general type of business transacted to (mark only those that apply) Retail Trade	ng
Horse Power ULC PBBOX 1/37 Mm, Home ID 83647 5. Name and address for this acknowledgme copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Printed Name: Signature: Si	Secretary of State use only 1000 SECRETARY OF STATE 1000 SECRETAR

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