

Capacity/Title:\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 SEP 30 PM 2: 50

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business business under the assumed by	s address(es) of the entity or individual(s) doing
Name	Complete Address
Jennifer Sengelmann	4448 N. Arrow Crest Way Boise,ID 83703
Stephen Sengelmann	4448 N. Arrow Crest Way Boise,ID 83703
Manufacturing M Finance, Insurance, and The name and address to whice correspondence should be add Meanings In Motion  4448 N. Arrow Crest Way Boise,ID	h future Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
<ol> <li>Name and address for this acl copy is (if other than # 4 above):</li> </ol>	knowledgment

109/30/2009 05:00 CK: 2600 CT: 241810 MH: 1189194 1 0 25:00 = 25:08 ASSIM MARE #

