CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the tran business is: WHEELCHAIR ACCESS VANS 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name 6893 Supply Way, Boise, ID 83714 Christopher T. Thomas 6893 Supply Way, Boise, ID 83714 Lisa Kerns-Thomas 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Wholesale Trade Agriculture Mining Construction Services 4. The name and address to which future Phone number (optional): ____ correspondence should be addressed: Wheelchair Access Vans Submit Certificate of Assumed Business 6893 Supply Way Name and \$20.00 fee to: Boise, Idaho 83714 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODY IS (if other than # 4 above). Boise ID 83720-0080 Idaho Banking Company 208 334-2301 6010 Fairview Ave. Secretary of State use only Boise, ID 83704 LDAHO SECRETARY OF STATE

08/25/1998 09:00 CX: 995 CT: 89878 IN: 139557

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(see instruction # 8 on back of form)

Printed Name: _ Christopher T. Thomas

Signature: ___

Capacity: