



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 MAR -5 PM 1:05

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

ALPINE Home ELEVATORS

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

MOBILITY CONCEPTS OF IDAHO, LLC
(W7800) P.O. Box 311
Sandpoint, ID 83864

3. The general type of business transacted under the assumed business name is:

Retail Trade Transportation and Public Utilities
 Wholesale Trade Construction
 Services Agriculture
 Manufacturing Mining
 Finance, Insurance, and Real Estate

4. The name and address to which future correspondence should be addressed:

MOBILITY CONCEPTS
P.O. Box 311
Sandpoint, ID 83860

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Same

Phone number (optional):

(208) 762-3632

Secretary of State use only

Signature: Lyaill Wohlschlager
(signature required)
Printed Name: Lyaill Wohlschlager
Capacity/Title: PRESIDENT / MEMBER
(see instruction # 8 on back of form)

Information Form 500
Rev. 04/02/03

IDaho SECRETARY OF STATE
03/05/2007 05:00
CK: 2578 CT: 181444 BH: 1637314
1 # 25.00 = 25.00 ASSUM NAME # 2

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