

FILED/EFFECTIVE



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 transaction of business is:

NORIDA DISTRIBUTORS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

ORIGINAL NAME Name

Complete Address

ADVANCED DRIVING PROGRAMS OF IDAHO, INC. 6737 CODY BONNERS FERRY, ID 83805

AMENDED NAME AND ADDRESS C134350

MISSION HOLDINGS CORPORATION 6431 SOUTH MAIN STREET BONNERS FERRY, ID 83805

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input checked="" type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

Phone number (optional): 1-208-267-5411

ROBERT MICHAEL

P.O. BOX 1875

BONNERS FERRY, ID 83805

5. Name and address for this acknowledgment 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: Robert M. Michael

Printed Name: ROBERT M. MICHAEL

Capacity: PRESIDENT

(see instruction # 8 on back of form)

Secretary of State
IDAHO SECRETARY OF STATE

03/28/2001 09:00
CK: 7118 CT: 132118 BH: 387519

1 @ 20.00 = 20.00 ASSUM NAME # 5

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Revision 12/88

Scotcrp/Amalain, j65