



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE

2007 JUL 25 AM 8:51

SECRETARY OF STATE
STATE OF IDAHO

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

Blackfoot Motor Sports

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

David E Miller

89 W Center st Blackfoot ,Id 83221

Samuel B Thyberg

216 S 550 W Blackfoot, Id 83221

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

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

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

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

Blackfoot Motor Sports

324 S Maple St, Blackfoot, ID 83221

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

Phone number (optional):

208-785-2653

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____

David Miller

Capacity/Title: _____

Owner/Partner

(see instruction # 8 on back of form)

g:\corp\forms\abn_forms\abn.p65
Revised 07/2002

IDAHO SECRETARY OF STATE
07/25/2002 05:00
CK: 1252 CT: 158010 BH: 479015
1 @ 20.00 = 20.00 ASSUM NAME # 2

D56779