CERTIFICATE OF ASSUMED BUSINESS NAMEED (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO 98 JUL 14 AM 11: 05

	gives notice of adoption of an As	ASSUMED BUSINESS NAMERFTARY OF STATE
1.	The assumed business name which the und	ndersigned use(s) in the transaction of
	business is: Miracle M	lotors
_		
2.	The true name(s) and business address(es) business under the assumed business name	s) of the entity or individual(s) doing me is/are: 4829 Chinden Blud. A
	Robert J. Mockwitz	Complete Address
	Robert J. Mockwitz	4646 Chinden Blod.
		Boise, Fd. 83714
3.	The general type of business transacted une (mark only those that apply)	nder the assumed business name is:
	Retail Trade	Finance, Insurance, and Real Estate
4.	correspondence should be addressed:	Phone number (optional):
	4829 Chinden Klud.	Submit Certificate of
	Boise, Id. 83714	Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only
		IDAHO SECRETARY OF STATE 97/14/1998 09:00 CK: none CT: 101439 BH: 127685
າatເ	ire:	E CK: none CT: 101439 DH: 127665

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Printed Name: Kobert Mockwitz

Capacity: Dwner

(see instruction # 8 on back of form)

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