

CERTIFICATE OF ASSUMED BUSINESS NAME

2014 DEC 31 PM 2:41

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

SECRETARY OF STATE
STATE OF IDARO

Please type or print legibly. Instructions are included on back of application.

business is: Crash Test Actorspers	<u> </u>
business under the assumed business <u>Name</u>	dress(es) of the entity or individual(s) doing ness name: Complete Address 19 Mores Greek Gr. Boise ID 93716
Retail Trade Trans	Submit Certificate of Assumed Business
4. The name and address to which fur correspondence should be address Crosh Test Motorized to C/O Dallag Glenn 19 Mores Creek Co	sed: 450 North 4th Street PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknow copy is (if other than # 4 above):	vledgment
17/100 - 1 -	Secretary of State use only
Signature:	IDAHO SECRETARY OF STAT
Printed Name: Dallas Genn-Rogers Capacity/Title: President / Owner	12/31/2014 05:00 CK: CASH CT: 304653 BH: 14

CK:CASH CT:304653 BH:1455138 16 25.00 = 25.00 ASSUM NAME #3

0175772

Signature:

Printed Name:

Capacity/Title:____