Printed Name: \_\_\_\_

Capacity/Title:



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

2016 JUL -8 PM 12: 49

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

SECRETARY OF STATE STATE OF IDAHO

1 Th-	accumed business name while the con-	lornian od ugo(a) in the trace a stiller.
	e assumed business name which the under iness is:  Motorcycle Safet	
bus	e true name(s) and <u>business</u> address(es) of iness under the assumed business name  Name  Pe Crash Free LCC	e: <u>Complete Address</u>
3. The	general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
	e name and address to which future respondence should be addressed:  2 Crash Free LLC  0 Box 74  5tar 1D 83669	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
	me and address for this acknowledgment y is (if other than # 4 above):	
  Signature	Line Civil	Secretary of State use only  IDAHO SECRETARY OF STATE
Printed Na	ame: Stacey Axmaker	07/08/2016 05:00
Capacity/Title: President		CK:4017896 CT:172099 BH:1536754 16 25.00 = 25.00 ASSUM NAME #2
Signature:		

D187787