(see instruction # 8 on back of form)



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

09 MAR 30 AM 8: 30

SECRETARY OF STATE STATE OF IDAHO

business is: AutoMotion	
2. The true name(s) and business address(business under the assumed business name Name Adam J. Morrow	ame: Complete Address
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Constructio Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: AutoMotion 1383 Biztown Loop Novelin, Td. 83835	on and Public Utilities n Submit Certificate of Assumed Business
5. Name and address for this acknowledgn copy is (if other than # 4 above):	nent
ignature: Adam Morrow	Secretary of State use only IBANO SECRETARY OF STATE 3/30/2009 65 : 60 CX: 2267 CT: 235549 BH: 1163375 1 2 25.00 = 25.00 ASSUM NAME 2 D129471