

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 FEB -5 PM 1:58

SECRETARY OF STATE STATE OF IDAHO

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

The assumed business name which the unbusiness is: EmoTORSWEST. Com SUP	•	
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name Emotorswest, Com LLC (W133911)	ne: 5803	Complete Address
3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Agriculture	n and Pub	
ManufacturingMiningFinance, Insurance, and Real Estate	:	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 19643 WHITECAP CT WILDER, TO 83676		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt	
Signature: Randall J. Solvery Printed Name RANDALL J. SOBJERANSK	,	Secretary of State use only
Printed Name RANDALL J. SOBIERANSK	7	
Capacity/Title: MANACEC Signature:		IDAHO SECRETARY OF STATE
Printed Name:		Ø2/05/2014 Ø5:00 CK: 1030 CT: 292633 BH: 1489278
Capacity/Title:		1 8 25.00 = 25.00 ASSUM NAME # 4

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