

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2003 MAY -9 AM 8: 58

SIATE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The force persons (a) and broking an end of the color				
 The true name(s) and business address(es) business under the assumed business name 		ty or indivi	dual(s) doing	
Name		Complete	Address	
Mike Koenig	P.O.	Box 42,	Albion, ID	83311
Jim Owens	P.O.	Box 42,	Albion, ID	83311
id.				
. The general type of business transcted und	ler the ass	umed bus	iness name is	:
Retail Trade Transportation a	and Public	Litilities		
Wholesale Trade Construction	arra i abiic	Othices		
Services Agriculture				
			ertificate of	
X Manufacturing Mining			Business d \$25.00 fee to:	
Finance, Insurance, and Real Estate		ivame and	u \$25.00 lee to:	
. The name and address to which future		Secretary	of State	
correspondence should be addressed:			Jefferson	
		Basemen		
Howell Canyon Custom Motorcycles		PO Box 8		
P.O. Box 42, Albion, ID 83311			83720-0080	
		208 334-2	2301	
		Dhone nur	nber (optional):	
5. Name and address for this acknowledgmen	IT .	i ilone ilui	inder (optional).	
COPy is (if other than # 4 above):				
		Secr	etary of State use o	nly
	 90 88			
ature: Much Koem	ES S			
ted Name: Mike Koenig	orpiformskabn formskabn, p85 Revised 04/2003			

05/09/2003 05 : 00 CK: 671 CT: 169671 BH: 679620 1 0 25.00 = 25.00 ASSUM NAME # 2

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