



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.

2003 MAR 31 PM 2:35

DEPARTMENT OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

PERFORMANCE EVOLUTION MOTORSPORTS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

WILLIAM JEFFERSON LEON ABRAM

1209 SPARKS ST., TWIN FALLS, ID

AMANDA JO ABRAM

SAME AS ABOVE

83301

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

JEFF ABRAM

1209 SPARKS ST

TWIN FALLS, ID 83301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

(208) 539-3559

Secretary of State use only

File 4043

Signature: William Jefferson Leon Abram

Printed Name: William Jefferson Leon Abram

Capacity: Owner

(see instruction # 8 on back of form)

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Revised 01/2001

IDAHO SECRETARY OF STATE
03/31/2003 05:00
CK: 511 CT: 158010 BH: 672003
1 @ 20.00 = 20.00 ASSUM NAME # 2