

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

D108159

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.

(see instruction # 8 on back of form)

| MODEEN DRIVECINE, INC.   |   |   |
|--|---|---|
| <ol><li>The true name(s) and business address(es)<br/>business under the assumed business name</li></ol> | ot the e<br>:                                 | ntity or individual(s) doing                |
| Name   |   | Complete Address                            |
| Brace Coutines   | 73  | BITTENOT CT.                                |
| MODERN DRIVE LINE, INC.<br>(C164048)   | Na  | mpa 10 83686                                |
| 3. The general type of business transacted und   | er the a                                      | ssumed business name is:                    |
| Retail Trade Transportation a  | and Pub                                       | lic Utilities                               |
| Wholesale Trade Construction   | ,   |   |
| Services Agriculture   |   | Submit Certificate of                       |
| ☐ Manufacturing ☐ Mining   |   | Assumed Business                            |
| Finance, Insurance, and Real Estate  |   | Name and <b>\$25.00</b> fee to:             |
| 4. The name and address to which future  |   | Secretary of State                          |
| correspondence should be addressed:  |   | 700 West Jefferson                          |
| Modern Dinvelne Inc  |   | Basement West<br>PO Box 83720               |
| 731 Bitterroot CT.   |   | Boise ID 83720-0080                         |
| Nanpa 10 83686   |   | 208 334-2301                                |
| 5. Name and address for this acknowledgmen copy is (if other than # 4 above):                            | t   | Phone number (optional):                    |
|  |   | 2084421184                                  |
|  |   | Secretary of State use only                 |
|  | p65   | _   |
| gnature: Will Held (   | rptformstabn formstabn.p65<br>Revised 04/2003 | r   |
| (signature required)   | formskabn form:<br>Revised 04/2003            | TRAUD PERFETABLY DE PTATE                   |
| nted Name: //// LTTNER   | 1 28 36                                       | IDAHO SECRETARY OF STATE<br>02/13/2007 05:0 |