

FILED/EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

APR 6 12 10 PM '01

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

S AND S CHOPPER BICYCLES

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

Name	Complete Address
<u>TERESA MOSS</u>	<u>2310 SPRINGWOOD DR. MERIDIAN, ID. 83642</u>
<u>OWEN MOSS</u>	<u>2310 SPRINGWOOD DR. MERIDIAN, ID. 83642</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-895-8406

OWEN MOSS
2310 SPRINGWOOD DRIVE
MERIDIAN, IDAHO 83642

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

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

Signature: [Signature]

Printed Name: OWEN W. MOSS

Capacity: _____

(see instruction # 8 on back of form)

Revision 12/99 g:\corp\forms\slabn.p65

Secretary of State use only
 IDAHO SECRETARY OF STATE

03/06/2001 09:00
 CK: 2245 CT: 143183 BH: 302950

1 @ 20.00 = 20.00 ASSUM NAME # 2

#D43274