

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 20/2 NOV 14 PM /2: 32 SECRETARY OF STATE OF 10AHO

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

The assumed business name which the business is: MARVELOUS MOTORS	he undersigned use(s) in the transaction of
The true name(s) and <u>business</u> address business under the assumed busines <u>Name</u> TRISHA DABEL	ess(es) of the entity or individual(s) doing ss name: Complete Address 4709 CHINDEN BLVD GARDEN CITY, IDAHO 83714
Manufacturing Mining Finance, Insurance, and Real E	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed TRISHA DABEL 4709 CHINDEN BLVD	Secretary of State
GARDEN CITY, IDAHO 83714	208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above):	Igment
Signature: Justia Toubel	Secretary of State use only
Signature: / WWA CUBC! Printed Name: TRISHA DABEL	
Capacity/Title: OWNER	
Signature:	-
Printed Name:	IDAHO SECRETARY OF STATE 11/14/2012 05:00
Capacity/Title:	CK: 14592671014 CT: 158010 BH: 1347600 1 2 25.00 = 25.00 ASSUM NAME # 2

D159247