

FILED/EFFECTIVE

CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

1. The assumed business name is: Chrysler Financial
2. The assumed business name was filed with the Secretary of State's Office on 07/18/00 as file number D37509
3. ☐ Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. ☐ Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
5. ☐ The assumed business name is amended to: _____
6. ☒ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	DaimlerChrysler Financial Services	27777 Franklin Road, 25th Floor
<input type="checkbox"/>	<input type="checkbox"/>	(debis) North America L.L.C.	Southfield, MI 48034
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DaimlerChrysler Services	
	<input type="checkbox"/>	North America LLC	(same address as above)

7. ☐ The type of business is amended to read:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining
8. ☐ The name and address to which future correspondence should be addressed is changed to read: _____

9. Name and address for this acknowledgment copy is:

CT Corporation System
30600 Telegraph Rd., Ste. 3275
Bingham Farms, MI 48025

Signature: David H. OlsenPrinted Name: David H. OlsenCapacity: Manager

(see instruction # 4 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

03/13/2001 09:00
 CK: 184026663 CT: 19295 BN: 384315

1 @ 10.00 = 10.00 ASSUM AMEN # 2

D 37509

g:\csp\forms\ack\ackag.pmb Revision 2/99