## FILED EFFECTIVE

227 ·	
CERTIFICATE OF	
ASSUMED BUSINESS NAM	
Pursuant to Section 53-504, Idaho Code, the unders submits for filing a certificate of Assumed Business !	Name. SECRE STATE OF STATE
Please type or print legibly.	
Instructions are included on back of application.	
<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is: JOE'S AUTOBODY</li> </ol>	
<ol> <li>The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:</li> </ol>	
Name	Complete Address
SANDPOINT COLLISION CENTER, LLC 438 EVE	ERGREEN RD, SANDPOINT, ID 83864
(W108840)	
<ol><li>The general type of business transacted under the assumed business name is:</li></ol>	
Retail Trade	
Wholesale Trade Construction	
Services Agriculture	
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
SANDPOINT COLLISION CENTER	PO Box 83720 Boise ID 83720-0080
438 EVERGREEN RD.	208 334-2301
SANDPOINT, ID 83864	
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	
SAME AS #4 ABOVE	
SANDPOTNT CALLSION DENTER LLO	Secretary of State use only
Signature Brow ml M	
Printed Name: JOSEPH MULDOON	
Capacity/Title: MANAGING MEMBER	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	12/19/2011 05:00 CX: 592783 CT: 265092 BH: 1382216
Capacity/Title:	1 9 25.00 = 25.08 ASSUM MAME # 2
abn.pmd Rev. 07/2010	D151994

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