

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

1717 9 BM2: 39

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

NOTE: See instructions on reverses 1. The assumed business name which the undersign	ed use(s) in the transaction of
business is:	
2. The true name(s) and business address(es) of the business under the assumed business name: Name JD COLLISION REPAIR, INC. CHTOTO	e entity or individual(s) doing Complete Address 8618 FRANKLIN RD BOISE, ID 83709
3. The general type of business transacted under the Retail Trade Transportation and	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: JENNEFER CLARK-HIGGS 8618 FRANKLIN RD BOISE, ID 83709 5. Name and address for this acknowledgment	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 Phone number (optional):
Signature: (signature required)	Secretary of State use only
Printed Name:	IDANO SECRETARY OF STATE 1/29/2003 05:00 CK: 39745 CT: 166923 BH: 659743 1 2 20.00 = 20.00 ASSUM NAME \$

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