

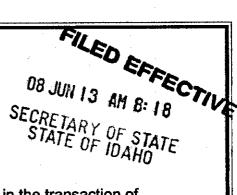
CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



D122615

1. The assumed business name which the undersigned use(s) in the transaction of	
business is: 1 & C Auto Body	
0 4 3 11010 12000	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Name Complete Address	
Patrick Todd Smith 4020 North 5th East	
<u>Idaho Falls, 10 83401</u>	
	,
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities	
Wholesale Trade Construction	
Services Agriculture Submit Certificate of	•
Manufacturing Mining Assumed Business Name and \$25.00 fee to:	
☐ Finance, Insurance, and Real Estate	
4. The hame and address to which ladde	
Correspondence should be addressed: PO Box 83720 Boise ID 83720-0080	
400 0 Narth Lith La dit (208) 334-2301	
100 North 10 83401	
Name and address for this acknowledgment	
COPY IS (if other than # 4 above).	
Secretary of State use only	
ignature: A Toola Smith g	
ignature: A Toola Smith rinted Name: P. Todd Smith Capacity/Title: Owner CK: 1805 CT: 226929 BH	STATE