



**CERTIFICATE OF  
ASSUMED BUSINESS NAME**

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

10 OCT 15 AM 9:11

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

## Crossroads Towing

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**

Crossroads Towing and Recovery, LLC

3508 Hoffman Lane, Nampa, Idaho 83651

W21242

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

## Crossroads Towing

3508 Hoffman Lane

Nampa, Idaho 83651

5. Name and address for this acknowledgment  
copy is (if other than # 4 above):

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Signature: 

Printed Name: Sarah Biggers

Capacity/Title: Owner

**Signature:** \_\_\_\_\_

**Printed Name:**

Capacity/Title:

Secretary of State use only

IDaho SECRETARY OF STATE  
10/15/2010 05:00  
CK: 3410 CT: 251787 BH: 1243281  
10 25.00 = 25.00 ASSUM NAME # 2

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