

CERTIFICATE OF ASSUMED BUSINESS NAME

09 DEC 29 AM 8: 25

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned business is: Ericls Collision and The true name(s) and business address(es) of the elbusiness under the assumed business name:	ntity or individual(s) doing
Encis Collision and Repair 4 Exic William Gardon Pa	Complete Address H93 North 1380 East LUL VLd. 83316
 The general type of business transacted under the a Retail Trade Wholesale Trade Construction 	
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Encis Collision and Repair	Idaho Secretary of State 450 N 4th Street PO Box 63720 Boise ID 83720-0080
HIG3 North 1380 East Bully Vld. 83314	(208) 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	
The space of the s	Secretary of State use only

Signature: Michigan (eignature required)

Printed Name: Eric Cloronski

Capacity/Title: Owner 8 on back of form)

12/29/2009 05:00 CK: 1215 CT: 243381 BH: 128954 1 8 25.88 = 25.88 ASSUM MARE #