

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

submits for filing a certificate of Assumed Business Name.

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## Please type or print legibly. Instructions are included on back of application.

1.	The assumed business name which the unbusiness is:	dersigne	d use(s) in the transaction of	
	BK AUTO COLLISION			
2.	The true name(s) and <u>business</u> address(es) of pusiness under the assumed business name:  Name  BUMPER KING, LLC  154		f the entity or individual(s) doing  Complete Address  640 LINDSAY BLVD., IDAHO FALLS, ID 83402	
3.	The general type of business transacted under the Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate			
4.	The name and address to which future correspondence should be addressed:  TRAVIS SPENCER  1540 LINDSAY BLVD  IDAHO FALLS, IDAHO 83402		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt		
			Secretary of State use only	
_	Signature:		IDAHO SECRETARY OF STATE	
Printe	ed Name: TRAVIS SPENCER		06/20/2014 05:00 CK:1263 CT:298223 BH:1430164	
Capa	Capacity/Title: MANAGER		16 25.00 = 25.00 ASSUM NAME #	
Signa	Signature:		D172098	
Printe	ed Name:			
Capa	city/Title:			