

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 JUN 28 AM 8:50

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Caribou Collision Repair

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

Jack L. Daniels
Debra E. Daniels

189 East 2nd Street, South
Soda Springs, ID 83276

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 | |

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

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

Jack L. Daniels
364 South 2nd East
Soda Springs, ID 83276

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

Jack L. Daniels
364 South 2nd East
Soda Springs, ID 83276

Signature: Jack L. Daniels
Printed Name: Jack L. Daniels
Capacity/Title: Owner/Operator
Signature: Debra E. Daniels
Printed Name: Debra E. Daniels
Capacity/Title: Co-Owner

Secretary of State use only

IDAHO SECRETARY OF STATE
06/28/2013 05:00
CK: 6658 CT: 284799 BH: 1380066
1 @ 25.00 = 25.00 ASSUM NAME # 2

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