



Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned 28 62 8: 23 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. STATE or want

business is: Weiser Collision Repair	and Towing
2. The true name(s) and business address(es) of the business under the assumed business name: Name Howard F. Wilkins Jr.	ਰੇ entity or individual(s) doing Complete Address
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction	
 Wholesale Trade ☐ Construction Services ☐ Agriculture Manufacturing ☐ Mining Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Howard F. Wilking Tr. 1198 N. State St. Deiser TDANO 83672	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
gnature: (signature required) inted Name: Do 2 and A K Silk is seen formed by	D838

12/28/2004 05:00 CK: 1990 CT: 158810 BH: 783808 1 0 25.00 = 25.00 ASSUN NAME # 2