



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-604, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

FILED/EFFECTIVE
2002 DEC -3 AM 8:14
STATE OF IDAHO

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

Payette Collision Center

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Dallas L. Jordan</u>	<u>134 N Main St. P.O. Box 147</u>
<u>Monty K. Olson</u>	<u>Payette, ID</u>
	<u>83661</u>

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 \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0020
208 334-2301

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

Payette Collision Center
134 N Main St. P.O. Box 147
Payette, ID 83661

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

Phone number (optional):

208-707-1322

Secretary of State use only

Signature: Monty K. Olson

Printed Name: Monty K. Olson

Capacity: Co-owner

(see instruction # 6 on back of form)

Information form 1001 p05
Revised 6/12/01

IDAHO SECRETARY OF STATE
12/03/2002 05:00
CK: 1340 CT: 165433 BH: 649004
1 @ 20.00 = 20.00 ASSUM NAME # 2

Dec 4/12