Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assurded Business Name

2.	The true name(s) and business address(e business under the assumed business na	
	<u>Name</u>	Complete Address
	Donald W. Hucke Roberta J. Hucke	1340 S Sade Ave 1340 S Jade Ave
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)	
	☐ Retail Trade ☐ Manufacturing ☐ Transportation and Public Utilities ☐ Wholesale Trade ☐ Agriculture ☐ Finance, Insurance, and Real Esta ☑ Services ☐ Construction ☐ Mining	
4.	The name and address to which future correspondence should be addressed:	
	- 1 . 1	
		Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Da R Collision Repair 1340 Sfale Ave Meridia In 83642	Assumed Business

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