Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2011 NOV -7 AH 11: 49

SEUNCIARY OF STATE STATE OF TDAHO

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

Precise Po	wder Coating
The true name(s) and <u>business</u> address(es business under the assumed business name <u>Name</u> James Bowen	o) of the entity or individual(s) doing ne: <u>Complete Address</u> 1840 N Woodruff Idaho Falls, ID 83401
Wholesale Trade Construction	ider the assumed business name is: and Public Utilities
✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: James Bowen	Secretary of State 450 North 4th Street PO Box 83720
1840 N Woodruff Idaho Falls, ID 83401	Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgmer copy is (if other than # 4 above):	
	Secretary of State use only
nature: James Bowen	
pacity/Title: Owner	
nature:	IDAHO SECRETARY OF STATE
nted Name:	CK: 826282 CT: 172899 BH: 17 1 8 25.08 = 25.08 ASSUM N

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