



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 OCT 14 AM 9: 00

Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF IDAHO

The assumed business name which the undersigned use(s) in the transaction of business is: PREFORMANCE MECHANICAL	
2. The true name(s) and business address(es) of business under the assumed business name: Name ARRON K JOHNS	Fithe entity or individual(s) doing Complete Address 2856 E MADO EMMET DO 8617
3. The general type of business transacted under Retail Trade Transportation ar	
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: PREFORANCE MECHANICAL 2306 E MAIN EMMENT ID 83617	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): (208) 365-7644
	Secretary of State use only
ignature: (signature required) rinted Name: ARON JOHNS apacity/Title: PREDONT (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 10/14/2004 05:0 CK: 5522 CT: 158810 BH: 7716

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