



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, 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.**

09 APR -2 AM 8:47

SECRETARY OF STATE  
STATE OF IDAHO

FILED EFFECTIVE

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

Treasure Valley Powder Coating

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

Name

Mike Lofton

Complete Address

16970 Meadow LN Nampa, ID 83687

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" 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 |                                                              |

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

Treasure Valley Powder Coating

Mike Lofton

16970 Meadow Ln Nampa ID 83687

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

Signature: \_\_\_\_\_

*Mike Lofton*  
(signature required)

Printed Name: \_\_\_\_\_

Mike Lofton

Capacity/Title: \_\_\_\_\_

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\form\state\form\state\p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
04/02/2009 05:00  
CX: 7183 CT: 150010 BH: 1164060  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D129563