



# 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 AUG 20 AM 8:33

SECRETARY OF STATE  
STATE OF IDAHO

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

OVERHEAD DOOR COMPANY OF POCATELLO, ID.

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

Name	Complete Address
PRECISION GLASS & ALUMINUM, INC.	1626 N. HARRISON, SUITE A
(C70994)	P.O. BOX 190
	POCATELLO, ID. 83204

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:

PRECISION GLASS & ALUMINUM, INC.  
P.O. BOX 190  
POCATELLO, ID. 83204

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):

SAME AS ABOVE

Signature: Dan K. Clark

(signature required)

Printed Name: DAN K. CLARK

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpforms\labn form\slabn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
08/20/2009 05:00  
CK: 48351 CT: 128317 BN: 1183689  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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