



# 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.

**FILED EFFECTIVE**

2006 SEP 29 AM 8:52

SECRETARY OF STATE  
BOISE, IDAHO

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

SPECTRUM PAINTING

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

MIKE WOLTER

Peter Bowman

982 WIRSCHING AVE.

TWIN FALLS, ID 83301

483 Altair, Twin Falls, ID, 83301

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

- |  |  |
|--|--|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input checked="" type="checkbox"/> Construction             |
| <input 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:

982 WIRSCHING AVE

TWIN FALLS, ID 83301

483 Altair, Twin Falls, ID 83301

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

982 WIRSCHING AVE. TWIN FALLS, ID

483 Altair, Twin Falls, ID 83301

83301

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Phone number (optional):

(208) 733-8623

Secretary of State use only

Signature: Mike Wolter, Peter Bowman  
(signature required)

Printed Name: MIKE WOLTER, Peter Bowman

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

(see instruction # 8 on back of form)

9 (information form) tab 065  
Revised 04/2003

IDAHO SECRETARY OF STATE  
09/29/2006 05:00  
CK: 277 CT: 204949 BH: 977779  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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