

Signature://

Capacity/Title: ____

(see instruction # 8 on back of form)

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

2004 OCT -4 AM 10: 29

STATE OF IDAHO

The assumed business name which the undersign business is: Precision Co	
	Complete Address Parko Falls, ID 8340(
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Precision Bouts 2199 N Woodrust Take ITA 83401	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
	Secretary of State use only

IDAHO SECRETARY OF STATE
10/04/2004 05:00
CK: 52654 CT: 158810 BH: 769384
1 0 25.80 = 25.80 ASSUM NAME # 2