

Signature:\_

Printed Name:

Capacity/Title:\_\_

## 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.

Carla Bowcut

**President** 

(see instruction # 8 on back of form)

SEORETARY OF STATE
STATE OF DAHO

FILED EFFE

1. The assumed business name which the undersigned use(s) in the transaction of business is: Precision Applicators 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: **Complete Address** Name 372 east 700 southBurley,Idaho.83318 Hansen-Bowcut Enterprizes, Inc. C125644 3. The general type of business transacted under the assumed business name is: **Transportation and Public Utilities** Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Assumed Business Mining Manufacturing Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 700 West Jefferson correspondence should be addressed: Basement West PO Box 83720 Carla Bowcut Boise ID 83720-0080 372 east 700 south 208 334-2301 Burley, Idaho 83318 Phone number (optional): 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): 208-312-6058 Secretary of State use only

IDAHO SECRETARY OF STATE

98/39/2006 05:00

CK: 5847 CT: 203892 BH: 972676

1 8 25.00 = 25.00 ASSUM NAME # 1

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