



# CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

08 JUL 14 PM 1:09

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Precision Surfaces

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
<u>Juan P. Garcia</u>	<u>4416 S. Idaho Ave</u>
<u>Pedro Figueras</u>	<u>Caldwell Id. 83607</u>

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 |  |

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

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

Juan Garcia  
4416 S. Idaho Ave  
Caldwell ID. 83607

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

P.O. Box 1241  
Caldwell ID. 83606

Signature: Juan P. Garcia

(signature required)

Printed Name: Juan P Garcia

Capacity/Title: Partner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE  
07/14/2008 05:00  
CK: 131622 CT: 172099 BH: 1126934  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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DEFECTIVE