



# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

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

SWIFT STRIPING

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

Name

Complete Address

BILLY B. SWIFT

944 N. CORBIN Rd.

POST FALLS, ID. 83854

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

☐

Retail Trade

☐

Manufacturing

☐

Transportation and Public Utilities

☐

Wholesale Trade

☐

Agriculture

☐

Finance, Insurance, and Real Estate

☐

Services

☒

Construction

☐

Mining

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

Phone number (optional): \_\_\_\_\_

SWIFT STRIPING

944 N. CORBIN Rd.

POST FALLS, ID. 83854

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

PERFORMANCE ASSOCIATES

6711 E. SELTICE WAY

POST FALLS, ID. 83854

Signature: Billy B. Swift

Printed Name: BILLY B SWIFT

Capacity: OWNER - PRESIDENT

(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

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

STATE SECRETARY OF STATE

01/31/2001 09:00  
CK: 1464 CT: 141602 BH: 375991

1 @ 20.00 = 20.00 ASSUM NAME # 2

D-42255

FILED/EFFECTIVE

Revision 1/96

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