



# 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.**

2006 SEP 27 AM 8:55

SECRETARY OF STATE  
STATE OF IDAHO

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

Valley Home Inspections

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

Name  
Troy Thomas

### Complete Address

P.O. BOX 21

New Plymouth, ID

83655

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

- ☐ Retail Trade      ☐ Transportation and Public Utilities  
☐ Wholesale Trade      ☐ Construction  
☐ Services      ☐ Agriculture  
☐ Manufacturing      ☐ Mining  
☒ Finance, Insurance, and Real Estate

**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**

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


Valley Home Inspections  
P.O. Box 21  
New Plymouth, ID 83655

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

**Phone number (optional):**

**Secretary of State use only**

**Signature:**

  
(signature required)

Printed Name: \_\_\_\_\_

Troy Thomas

**Capacity/Title:**

Owner

(see instruction # 8 on back of form)

Revised 04/2013

IDAHO SECRETARY OF STATE  
09/27/2006 05:00  
CK: 707 CT: 204859 BH: 977332  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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