

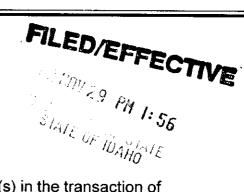
Capacity/Title: OWNER

(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.



	"10"
1. The assumed business name which the undersigne	ed use(s) in the transaction of
business is:	,
Linear Appraisal	
Linear Hopraisal	
, ,	
2. The true name(s) and <u>business</u> address(es) of the	entity or individual(s) doing
business under the assumed business name:	
, <u>Name</u> ,	Complete Address
Brandon Ornelas 1810	
Drandon Ornelas 1810	W. State St.
<u>PMP</u>	3 <u># 303</u>
Boise	E. ID 83702
<u> pers</u>	- 1 - 1 0 0 0 7 0 2
3. The general type of business transacted under the	assumed husiness name is:
o. The general type of buomess transacted under the t	assumed business name is.
Retail Trade Transportation and Pu	thlic ! Itilities
	iono otinuos
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
	Name and \$20.00 fee to:
Example 2 Finance, Insurance, and Real Estate	1
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West
Brandon Ornelas	PO Box 83720
1810 W. State St. PMB# 303	Boise ID 83720-0080
	208 334-2301
Boise, ID 83702	
The Alleman and address for the automorphism of the section of the	Phono number (antiquelly
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	
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<u>Same</u>	
	Secretary of State use only
, 7)	
gnature: Jalka Jalka	
gnature: Brandon Ornelas	TRAILS APARTTARY AS ATTAC
inted Name: Brandon Ornelas	IDAHO SECRETARY OF STATE 12/02/2002 05:00
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