



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.

Instructions are included on back of application.

2013 MAR 25 AM 10:06
SECRETARY OF STATE
STATE OF IDAHO

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

CERTIFIED INSPECTIONS

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

FREDERICK POTTS

4455 MAPLEWOOD AVE.

POST FALLS, ID 83854

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
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

FREDERICK POTTS

4455 E. MAPLEWOOD AVE.

POST FALLS, ID 83854

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

Signature: Frederick Potts

Printed Name: FREDERICK POTTS

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/26/2013 05:00
CK: 3728 CT: 158818 BH: 1366435
1 @ 25.00 = 25.00 ASSUM NAME # 2

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