



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 JUL -1 AM 10: 02

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

TOP NOTCH INSPECTIONS

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

<u>Name</u>	<u>Complete Address</u>
<u>TIM LEAKE</u>	<u>16248 W. SUMMERFIELD RD</u>
	<u>POST FALLS, IDAHO 83854</u>

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

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

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:

SAME AS ABOVE

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

SAME

Signature: Tim Leake

Printed Name: TIM LEAKE

Capacity/Title: OWNER

Signature: Tim Leake

Printed Name: TIM LEAKE

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/01/2013 05:00
CK: 15304 CT: 150010 BH: 1300326
1 @ 25.00 = 25.00 ASSUM NAME # 2

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