



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.

FILED EFFECTIVE
2003 JUN 12 AM 8:38
SECRETARY OF STATE
STATE OF IDAHO

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

Above All

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

ABOVE ALL HOME INSPECTION SERVICES INC 1012 Vanderdasson, Emmett ID 83617

C149584 1012 Vanderdasson, Emmett ID 83617

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> 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:

Jay Holste

1012 Vanderdasson

Emmett, ID 83617

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

Phone number (optional):

Signature: _____

(signature required)

Printed Name: _____

Jay A. Holste

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corpforms\abn_forms\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
06/12/2003 05:00
CK: 3413 CT: 170757 BH: 685758
1 @ 25.00 = 25.00 ASSUM NAME # 3

D 66240