Capacity/Title: Owner

(see instruction #8 on back of form)

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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 filling.



2. The true name(s) and <u>business</u> address	Home Inspections
business under the assumed business n	
3. The general type of business transacted	d under the assumed business name is:
Retail Trade Transports Wholesale Trade Construction	ation and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 9600. Almon Muscow, Id. 9384	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	gment Phone number (optional): 208 883-0695
(5ame)	(1

IDAHO SECRETARY OF STATE 12/31/2001 05:00 CK: 2571 CT: 155118 BH: 437264 1 @ 20.08 = 20.00 ASSUM NAME # 2