

227

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO  
Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.

**FILED**

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

Precision Home Inspections

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

Name	Complete Address
<u>Mike Miraglia</u>	<u>407 Maple St., Kellogg, ID 83837</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

4. The name and address to which future correspondence should be addressed: Phone number (optional): \_\_\_\_\_

407 Maple St.  
Kellogg, ID 83837

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0020  
208 334-2301

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

407 Maple St  
Kellogg, ID 83837

Signature: [Handwritten Signature]

Printed Name: Mike Miraglia

Capacity: Owner  
(see instruction # 3 on back of form)

Revision 2/97  
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IDAHO SECRETARY OF STATE  
12/30/1999 09:00  
CX: 613 CT: 124600 BH: 277349

1 @ 20.00 = 20.00 ASSUM NAME # 2

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