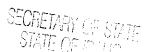


CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned 2006 JAN -4 M 8: 58

Please type or print legibly. NOTE: See instructions on reverse before filing.



The state of the s	STATE OF DIME
 The assumed business name which the undersigned business is: SΛΙΕΔΚ -Δ PE EV. 11 	d use(s) in the transaction of OME_INSPECTIONS.
— JALAIN AIFEN FI	DUE INSPECITONS
2. The true name(s) and <u>business</u> address(es) of the elements business under the assumed business name: Name S. Jaime Oldroyd	
3. The general type of business transacted under the a	ssumed business name is:
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Sheek A Peck Home Traffections Jame Oldrand 1949 Canyon trail Way Twin Falls, Toll 33301 5. Name and address for this acknowledgment	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
COPY is (if other than # 4 above):	
	208-948-5198
	Secretary of State use only
Signature:	095063
Printed Name. Jaime Oldmyd 1989 1989 1989 1989 1989 1989 1989 198	IDAHO SECRETARY OF STATE 01/04/2006 05:00
Capacity/Title: Owner (see instruction #8 on back of form)	CK: 1065 CT: 185334 BH: 930045 1 8 25.00 = 25.00 ASSUM NAME # 2