

## 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

2015 JUN 22 AM 9: 36

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

Above Grade Home Inspections	
2. The true name(s) and <u>business</u> address business under the assumed business Name  Above Grade LLC (NISSO98)  Brian P Stobie	ess(es) of the entity or individual(s) doing ss name:  Complete Address  1962 N Havichur Loop, Post Falls, Idaho, 83854  1962 N Havichur Loop, Post Falls, Idaho, 83854
Retail Trade Transport Wholesale Trade Constru Services Agricult	
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real E	Assumed Business State Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed Brian P Stobie  1962 N Havichur Loop, Post Falls, Idaho, 83	d: 450 North 4th Street PO Box 83720
5. Name and address for this acknowled copy is (if other than # 4 above):	dgment
	Secretary of State use only
inted Name: Brian P Stobie apacity/Title: Owner, Above Grade LLC	IDAHO SECRETARY OF STATE  06/22/2015 05:00  CK:2953 CT:103199 BH:148076  10 25:00 = 25:00 ASSUM NAME
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Capacity/Title: