

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2006 MAY 22 PH 12: 56

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAMS

Capstone Ho	me Inspec	ctions	
The true name(s) and business address(es) of business under the assumed business name			
The general type of business transacted ur Retail Trade			
4. The name and address to which future correspondence should be addressed: Brian Scott 834 Falls Ave. Ste. 2030A Twin Falls, ID 83301		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent	Phone number (optional): 208-421-0791	
nted Name: Doug Terry Brian Scott pacity/Title: Profite Partner (see instruction # 8 on back of form)	g:\corp\forms\abn forms\abn.p65 Revised 04/2003	Secretary of State use only (100(3)) IDAHO SECRETARY OF STAT 95/23/2006 95:	