

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
AUG 19 AM 8:50

SECRETARY OF STATE
STATE OF IDAHO

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

ELITE APPRAISAL SERVICES

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 |
|-------------|--|
| ELITE, INC. | 834 Falls Avenue, Suite 2100 Twin Falls, ID 83301 |

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): _____

Bob Roberts
 Elite Appraisal Services
 834 Falls Avenue, Suite 2100
 Twin Falls, ID 83301

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

 Secretary of State
 700 West Jefferson
 Basement West
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

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

Signature: Bob Roberts

Printed Name: Bob Roberts

Capacity: President of Elite, Inc.

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

08/19/1998 09:00
CK: 2275 CT: 102093 BH: 137913

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 2/97
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