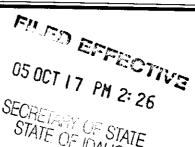


## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

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



|                                                                                                                                                                                        | WE CIT IDAHO                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| The assumed business name which the undersigne                                                                                                                                         | d use(s) in the transaction of                                                                                              |
| business is:  AMERICAN DREAM HOME IN                                                                                                                                                   |                                                                                                                             |
| TIMERICAN DREAM HOME 1/0                                                                                                                                                               | SPECITON S                                                                                                                  |
| 2. The true name(s) and <u>business</u> address(es) of the elements business under the assumed business name:  Name  Derect C. Brown                                                   | Entity or individual(s) doing  Complete Address  HAMBERLIN ST BOSE ID 8370                                                  |
| 3. The general type of business transacted under the a                                                                                                                                 | assumed business name is:                                                                                                   |
| Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining                                                                          | Submit Certificate of<br>Assumed Business                                                                                   |
| Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  AMERICAN DRAM HOME INSPECTIONS  [324 CHAMIRELIN ST  BOISE, ID 8370 6 | Name and \$25.00 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):                                                                                                         | Phone number (optional): (2 <u>08) 338 - 0088</u>                                                                           |
| Se                                                                                                                                              | Secretary of State use only                                                                                                 |
| Signature:                                                                                                                                                                             |                                                                                                                             |
| Signature: Signature required Brown  Printed Name: Denot C. Brown                                                                                                                      | IDAHO SECRETARY OF STATE<br>10/17/2005 05:00<br>CK: 3456 CT: 158010 RH: 917331                                              |

Capacity/Title: OWNER/ INSPECTOIL

(see instruction # 8 on back of form)

16/17/2005 05:00 CK: 3456 CT: 158010 BH: 917331 1 0 25.00 = 25.00 ASSUM NAME # 2

092692