

Capacity/Title: __

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.

2016 APR -5 PM 2: 58

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the und business is: Properties Inspection	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name ARISTOPHER A-BROWN	, , ,
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: CARIS BROWN HOZ N PALIFIC ST Baiss ID 83706	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above): SAME	t
Signature: The Brown Capacity/Title: The Rown Rown Rown Rown Rown Rown Rown Rown	Secretary of State use only IDAHO SECRETARY OF STATE 04/05/2016 05:00 CK:3:50076 CT:172099 BH:152216 16 25.00 = 25.00 ASSUM NAME #4
Signature:	D185593
Printed Name	