CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)



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	1. The ass	sumed busine:	ss name which th	imed Busine le undersign	ed use(s) in the range gion of	
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		PLILE	HOME INS	SPECTION	V SERVALE OF STATE	
Name Name Complete Address					OF IDAHO	
RICHARD L CARLICE 249 North MANN STREET P.O. Box 237 ATTERDEEN, J.D., BAND 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade	2. The true busines	name(s) and s under the as	i business addres Isumed husiness	is(es) of the	entity or individual(s) doing	4
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3. The general type of business transacted under the assumed business name is: (mark only those that apply)				<u> HITERD</u>		
Retail Trade Manufacturing Transportation and Public Hillities Wholesale Trade Agriculture Finance, Insurance, and Real Esta Services Construction Mining 4. The name and address to which future correspondence should be addressed: Phone number (optional): Submit Certificate of Assumed Business Name and \$20.00 fee to:	3. The gen	eral type of bu	siness transacted	d under the :	The state of the s	2 2-)
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Wholesale Trade	<u> </u>				곡의 .	بب
Services Construction Mining 4. The name and address to which future correspondence should be addressed: **RICHARD L. CARLILE** **PO. Box 2394* **ABERDEEN, ID, 83210* 5. Name and address for this acknowledgment copy is (if other than \$4 above): **Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 **Secretary of State use only**	i I Dat	ail Trade	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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11/03/2003 05:00
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