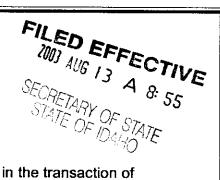


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



 The assumed business name which the und business is: 	lersigned use(s) in the transaction of
TETON HOME INSP	ECTIONS
2. The true name(s) and business address(es) business under the assumed business name Name DARRELL CELINO	
The general type of business transacted unc	der the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: PARKEU CELINO PO BOX 313 TETONIA, TO 83452 5. Name and address for this acknowledgment copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 308-456-8575 CELL 208-390-2501
	Secretary of State use only
gnature:	18AHO SECRETARY OF STATE 18AHO SECRETARY OF STATE 28/13/2003 05:06 CK: 1615 CT: 158810 BH: 69614 1 @ 25.00 = 25.00 ASSUM NAME

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