

Capacity/Title: OWNER

(see instruction # 8 on back of form)

## **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. 07 AUG 13 PM 12: 40

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

business is:  North West Home	Inspections
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	entity or individual(s) doing
Name Robert E. Wilson 11	Complete Address
LEDER E. WISEN II	44 West Clearview Ct, tayded = Datto 83835
3. The general type of business transacted under the	assumed business name is:
☐ Retail Trade ☐ Transportation and P☐ Wholesale Trade ☐ Construction	ublic Utilities
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Robert E. Wilson 1144 West Clearview C. Handen IdaHo-83835	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (If other than # 4 above).	208-819-4666
	Secretary of State use only
Signature: Robert E. Wike Description of the property of the p	IDAHO SECRETARY OF STATE  Ø8/13/2007 Ø5:00  CK: 18472379873 CT: 158818 BH: 187849

CK: 18472379873 CT: 158816 BH: 1878495 1 8 25.80 = 25.80 ASSUM MANE # 2

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