

Capacity/Title: Ownee

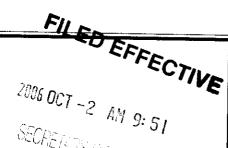
(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



1. The assumed business name which the undersigned use(s) in the transaction of business is: Over All Home Inspections 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Lyon Blankership 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than #4 above): Secretary of State use only Signature: Printed Name: \

IDAHO SECRETARY OF STATE
10/02/2006 05:00
CK: 9414 CT: 158010 BH: 978283
0 25.00 = 25.00 ASSUM NAME # 1

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