227	
CERTIFICATE OF	- F il -
ASSUMED BUSINESS	
Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed I	
Please type or print legibly. NOTE: See instructions on reverse befo	SECTE Sector Anna
,	STATE OF DIAG
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
Essential Home	SERVICES
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name; 	
Name	Complete Address
Phillip Benson	PAULRUSH RUAD
······	EAGLE ID 83614
3. The general type of business transacted under the assumed business name is:	
	and Public Utilities
Wholesale Trade Construction	
Manufacturing Mining	Submit Certificate of 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
Phillip Benson	PO Box 83720 Boise ID 83720-0080
PHUR ID RSUIL	208 334-2301
5. Name and address for this acknowledgme	nt Phone number (optional):
COPY IS (if other than # 4 above):	208-938-2235
	Secretary of State use only
7/2	20 DQ2
Signature:	forms/a
Printed Name: Phillip 6 Benson	IDAHO SECRETARY OF STATE CK: 6090 CT: 158010 BH: 978312 I @ 25.00 ASSUM NAME # 2
Capacity/Title: Owner	CK: 6090 CT: 156010 BH: 978312 1 0 25.00 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	D104366