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Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

ed

FILED EFFECTIVE

05 NOV 30 PM 1: 37

SECALLILLE STATE STATE OF IDAHO

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 undersign business is: THE HOME TW.	, ,
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Edward m Powell M	Complete Address 20 N. Auturn Wind Dre 120 PATOPHO 83687
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture	Public Utilities Submit Certificate of
Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Edward M Powell 1120 N. AUTURN Wind Dri NAMPA TOAHO 83687	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
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
gnature: Shadm (signature required) (signature required) unted Name: Shadman Bucll	IDAHO SECRETARY OF STATE 11/30/2005 05:00 CK: 25834 CT: 158818 BH: 924488 1 @ 25.88 = 25.88 ASSUM NAME # ;