

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assured B.

submits for filing a certificate of Assumed Business NameSECRETARY OF STATE

Please type or print legibly.

STATE OF IDAHO

NOTE: See instructions on reverse before filing.

BOAM & A	ASSOCIATES
2. The true name(s) and business address(es business under the assumed business nam Name APPRAISE THIS, LLC	s) of the entity or individual(s) doing ne: Complete Address 560 3RD STREET IDAHO FALLS, ID 83401
3. The general type of business transacted un  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:  560 3RD STREET  IDAHO FALLS. ID 83401	Submit Certificate of Assumed Business
5. Name and address for this acknowledgme copy is (if other than # 4 above):  560 3RD STREET  IDAHO FALLS, ID 83401  gnature:  (signature required)  CURTIS J. BOAM	Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF STATE  OP/12/2007 O5: 6  CK: 1267 CT: 217436 BH: 1675  1 @ 25.09 = 25.09 occupants