

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

MAR 12 12 40 PM

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

BOISE HOME INSPECTION

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Abel Soares Jr. 8688 W. Mediterranean Ct.
BOISE, ID. 83709

3. The general type of business transacted under the assumed business name is:
 (mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 870-5478

S.A.A.

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of
 Assumed Business
 Name and \$20.00 fee to:

Secretary of State
 700 West Jefferson
 Basement West
 PO Box 83720
 Boise ID 83720-0080
 208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE
 DATE 03/12/1997
 0900 72262 2
 CK #: 795 CUST#: 77396
 ASSUM NAME 10 20.00= 20.00

: D

Signature: Abel Soares Jr.

Printed Name: Abel Soares Jr.

Capacity: _____

(see instruction # 8 on back of form)