

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIV

2005 MAR -2 AM 9: 26

SECHLIANT CONAFE STATE OF IDAHO

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

business is: A CLOSER LOOK HOME L	
The true name(s) and business address(es) of the business under the assumed business name: Name Patrick J. McClenahan 4 Laurie K. Thomas C	Complete Address 2. S. 10th pl. #25 Deur D'Alene 1D. 83814
The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
The name and address to which future correspondence should be addressed: Patrick TimcClenahan 402 S. 10 th pl. #25	Secretary of State 700 West Jefferson Basement West PO Box 83720 Bolse ID 83720-0080 208 334-2301
Coeiur D' Alene 10 83814 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Patriale Am CM	Secretary of State use only

Printed Name: Patrick T M Clenahan

Capacity/Title: Owner / Certified Inspector

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

03/02/2005 05:00

CK: 3032 CT: 186689 BH: 796884

1 @ 25.00 = 25.00 ASSUM NAME # 2

