



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED/EFFECTIVE
02/11/11 AM 10:08
STATE OF IDAHO

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

FAITH APPRAISALS

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

Name

MICHAEL G. SCOTT

Complete Address

243 LIXIE CIRCLE, TWIN FALLS, ID 83301-3059

3. The general type of business transacted under the assumed business name is:

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

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

MICHAEL SCOTT

243 LIXIE CIRCLE

TWIN FALLS, ID 83301-3059

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

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

Phone number (optional):

208-733-7996

Secretary of State use only

Signature: Michael Scott

Printed Name: MICHAEL G. SCOTT

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\corp\forms\abn forms\abn.p65
Revised 01/2001

IDAHO SECRETARY OF STATE
03/11/2002 05:00
CK: 9470 CT: 158010 BH: 451202
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 52795