



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2014 JAN 27 PM 3:51

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

BORDERLINE RIVER CHARTERS

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

Name

Complete Address

QUALITY & DIVERSIFIED SERVICES, LLC 1630 23RD AVENUE SUITE 101
(W 91505) LEWISTON, ID. 83501

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 | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

BORDERLINE RIVER CHARTERS
1630 23RD AVENUE SUITE 101
LEWISTON ID. 83501

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

BRIAN V. THOMAS
PO Box 628
ASOTIN, WA. 99402

Signature: [Signature]

Printed Name: BRIAN V. THOMAS

Capacity/Title: OWNER

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
01/27/2014 05:00
CK: 1683782 CT: 172899 BH: 1407811
1 @ 25.00 = 25.00 ASSUM NAME # 2