

CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO NOV 17 PM 2:39
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:

Quaker Ridge Residential Care

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

Name Trista Diane Moore Complete Address 3749 Quaker Ridge Dr.
Meridian ID 83642

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): 895-8819

Trista Diane Moore
3749 Quaker Ridge Dr.
Meridian ID 83642

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

Signature:

Trista Diane Moore

Printed Name:

Trista Diane Moore

Capacity:

Owner

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

11/17/1997 09:00
CX: 704 CT: 89946 BH: 56025

1 @ 20.00 = 20.00 ASSUM NAME

D 10013

Revision 2/97

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