

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.	SFOREGER OF STATE
The assumed business name which the undersigned business is: \[\int uality Applian \]	• • • • • • • • • • • • • • • • • • • •
2. The true name(s) and <u>business</u> address(es) of the elbusiness under the assumed business name: Name Henry S.Smith 213375 Lucy A. Smith 213375	Complete Address
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: [owner] 213375 Care Bay Rd Ceorley T.D. 83876 5. Name and address for this acknowledgment	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
COPY IS (if other than # 4 above):	509 - 220 - 1777 Secretary of State use only
Sdy Propriotory	0113732

Printed Name: Hanry 5.

(see instruction # 8 on back of form)

Capacity/Title:

IDAHO SECRETARY OF STATE

07/30/2007 05:00

CK: 12623 CT: 215874 BH: 1067891
1 8 25.88 = 25.88 ASSUM NAME # 2