



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

FILED  
OCT 20 AM 9:02  
SECRETARY OF STATE  
STATE OF IDAHO

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

Quality Cleaning

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: DARRELL GILLILAND Complete Address: 497 Heyburn Ave. W  
KAREN GILLILAND " " "  
TWIN FALLS ID. 83301

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):

208-734-7304

Quality Cleaning  
497 Heyburn Ave. W.  
Twin Falls ID. 83301

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

Same

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

Secretary of State use only

IDAHO SECRETARY OF STATE

10/20/1999 09:00  
CX: 4998 CT: 121948 IN: 239493

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 30145

Signature:

Karen Gilliland

Printed Name:

KAREN GILLILAND

Capacity:

President

(see instruction # 8 on back of form)

Revision 1/88

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