

CERTIFICATE OF ASSUMED BUSINESS NAME

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

04 DEC -8 AH 11: 36

FILED EFFECTIVE

SECRETARIA OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

 The assumed business name which the und business is: 	dersigned use(s) in the transaction of
Quality Plus	
2. The true name(s) and <u>business</u> address(es) business under the assumed business nam Name Jodi Mc Bride Mark McBride	of the entity or individual(s) doing e: <u>Complete Address</u> 12768 W. Renwick St. Bolse, I & 83709
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgmer copy is (if other than # 4 above): 	Phone number (optional): 890-8447
	Secretary of State use only
Signature: Jodi A. McBride Printed Name: Jodi A. McBride	DS
Capacity/Title: いっと	1970