



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

2012 OCT -4 AM 11:37

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:

Quality Care Transport

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

<u>Name</u>	<u>Complete Address</u>
<u>Jessica Croston</u>	<u>PO Box 1095</u>
<u></u>	<u>Kellogg ID</u>
<u></u>	<u>83837-0095</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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:

Quality Care Transport
PO Box 1095
Kellogg ID 83837-0095

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

Signature: Jessica Croston

Printed Name: Jessica Croston

Capacity/Title: Owner

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/04/2012 05:00
CK: 1154242 CT: 172099 BH: 1342493
1 @ 25.00 = 25.00 ASSUM NAME # 2

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