

Printed Name:

Capacity/Title: ___

9/21/2012

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

D166522

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2013 OCT 22 PM 2: 03 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

The assumed business name which the unbusiness is: Quality	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name Charles Parker	• • • • • • • • • • • • • • • • • • • •
3. The general type of business transacted under the Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Quality Distributors 2783 N. Morrow Pl Boise ID. 837/3	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
Name and address for this acknowledgmer copy is (if other than # 4 above):	£
Signature: Charles Payker Printed Name: Charles Payker Capacity/Title: GWN 97	Secretary of State use only
Printed Name:	IDAHO SECRETARY OF STATE 10/22/2013 05:00 CK: CASH CT: 288847 BH: 1394974 1 0 25.00 = 25.00 ASSUM MANE # 2

abn.pmd Rev. 07/2010