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CERTIFICATE OF ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code, to submits for filing a certificate of Assumed <u>Please type or print legibly.</u> Instructions are included on back of ap	S NAME the undersigned Business Name. SECRETARY OF STATE
<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> <li>Quality Floor Care</li> </ol>	
2. The true name(s) and <u>business</u> address(e business under the assumed business nat <u>Name</u> Don Clark Donna Clark	
<ul> <li>3. The general type of business transacted u</li> <li>Retail Trade</li> <li>Transportatio</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Finance, Insurance, and Real Estate</li> </ul>	n and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Quality Floor Care 290 Filer Ave. W Sp 3 Twin Falls ID 83301	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above);	int
Signature: Don Clark Printed Name: Don Clark Capacity/Title: Owner Signature: DONNA CLARK Capacity/Title: OWNER	Secretary of State use only IDAHO SECRETARY OF STATE 02/05/2015 05:00 CK:147 CT:306022 BH:1460342 16 25.00 = 25.00 ASSUM NAME #2 DIN6559