

CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 MAY 13 AM 11: 52

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

CAROL HACKNEY

MEMBER-MANAGER

(see instruction # 8 on back of form)

Printed Name:

Capacity/Title:_

QIL SE	RVICES
The true name(s) and business address(es business under the assumed business nam	e: Complete Address
QUALITY IN LIFE COACHING SERVICES, L	500 W. BANNOCK, BOISE, IDAHO 83702
<u>(W93307)</u>	
 Wholesale Trade ✓ Services Manufacturing Construction Agriculture Mining 	and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	Idaho Secretary of State
The name and address to which future correspondence should be addressed:	450 N 4th Street PO Box 83720
QUALITY IN LIFE COACHING SERVICES, L	Boise ID 83720-0080
1770 W. STATE #217	(208) 334-2301
	# 85V
BOISE, IDÄHO 83702	
BOISE, IDAHO 83702 Name and address for this acknowledgme copy is (if other than # 4 above).	nt
i. Name and address for this acknowledgme	Secretary of State use only

IDAHO SECRETARY OF STATE 05/13/2010 05:00 CK: 13215 CT: 13631 BH: 1222123 1 8 25.00 = 25.00 ASSUM MANE N