



# CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE**

2004 JUN 16 AM 8:50

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE  
OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

D Q TRAILERS

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

Name	Complete Address
BRAD FRASURE	444 HOSPITAL WAY, SUITE 777 POCATELLO, ID

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

<input checked="" type="checkbox"/> Retail Trade	<input 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	

4. The name and address to which future correspondence should be addressed:

BRAD FRASURE  
444 HOSPITAL WAY, SUITE 777  
POCATELLO, ID 83201

Submit Certificate of  
Assumed Business  
Name and **\$25.00** fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

Phone number (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Secretary of State use only

Signature: Brad Frasure  
(signature required)

Printed Name: BRAD FRASURE

Capacity/Title: OWNER

(see instruction # 8 on back of form)

9 corpformsidn form5abn p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
06/16/2004 05:00  
CK: 32859 CT: 158810 BH: 750673  
1 0 25.00 = 25.00 ASSUM NAME # 2

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