



**CERTIFICATE OF  
ASSUMED BUSINESS NAME**

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

03 JUN 30 PH 12:45

SECRETARY OF STATE  
STATE OF IDAHO

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

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

## QUALITY CARE

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  
38 EAST FOSTER ST  
PINE, IDAHO  
83647

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

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

38 E. FOSTER ST.  
PINE, IDAHO  
83347

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

Phone number (optional):

208.653-2190

**Secretary of State use only**

Signature: John Smith

(signature required)

Printed Name: John Thornton

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\corporations\labn.forms\labn.p65  
Revised 04/2003

IDaho SECRETARY OF STATE  
06/30/2005 05:00  
CK: CASH CT: 158010 RH: 819003  
1 # 25.00 = 25.00 ASSUM NAME # 2

D 89303