

FILED/EFFECTIVE

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

01 FEB 26 AM 9



Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. STATE OF IDAHO

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

Quality Payroll Services

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

Name Nikki Thorncroft Complete Address 3425 N. 4th Coeur d'Alene ID 83815

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

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

Nikki Thorncroft  
PMB#329  
2900 N. Government Way  
Coeur d'Alene, ID 83815-3751

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

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

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

Secretary of State use only

IDAHO SECRETARY OF STATE

02/26/2001 09:00  
CR: 2093 CT: 142716 MH: 301209

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Nikki Thorncroft

Printed Name: Nikki Thorncroft

Capacity: Sole Proprietor

(see instruction # 8 on back of form)

Revision 2/97  
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