



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

10 MAR 31 AM 8:47

Please type or print legibly.

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

SECRETARY OF STATE  
STATE OF IDAHO

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

IDAHO QUALITY LOGISTICS

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

ZEKERIAH ALABEGOVIC

2880 ELIZABETH BLVD

TWILL FALLS ID 83301

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

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

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

Idaho Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

(208) 334-2301

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

ZEKERIAH ALABEGOVIC  
2880 ELIZABETH BLVD  
TWILL FALLS ID 83301

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

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

Signature: Zeke

(signature required)

Printed Name: ZEKERIAH ALABEGOVIC

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE  
03/31/2010 05:00  
CK: 58561146457 CT: 158810 DN: 1215454  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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