

## **CERTIFICATE OF** ASSUMED BUSINESS NAME 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	ore filing.
1. The assumed business name which the	o s
The assumed business name which the un business is: _	ndersigned use(s) in the transaction of ಜಿ
Quality 120hole	tanu
- Quality Uphols	lery
The true name(s) and business address(es	s) of the entity or individual(s) doing
business under the assumed business nam	ne:
Name	Complete Address
Jose Angulo	1541 Richmond Cir Turnbuls TO
HildA Hardo	1810 Kind Car Turn rate ID 60
BussinessAldress -	154 washington twin falls ID
<ol><li>The general type of business transacted und</li></ol>	ধer the assumed business name is:
<u>/</u>	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
Signature: Jose Angulo  Printed Name: Jose Angulo	Secretary of State use only  IDAHO SECRETARY OF STATE  1040 SECRETARY OF STATE  1040 SECRETARY OF STATE  1051 SECRETARY O
Capacity/Title: Owner	(dicoo)
(see instruction # 8 on back of form)	777557

D12557