CERTIFICATE OF ASSUMED BUSINESS NAME

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

06 FEB 15 PN 3: 04

FILED EFFECTIVE

D 96557

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECREMAN OF STATE STATE OF IDAHO

The assumed business name which the under business is:	ersigned use(s) in the transaction of
Quality Care Janito	ríal
	Complete Address 10205 Tanglewood Dr. Boise, Idaho 83709
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Auality Care Janutorial 10205 Tanglewood Or. Boise, Idaho	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 acknowledgmen copy is (if other than # 4 above):	t Phone number (optional): (208) 362-0460
	Secretary of State use only
Signature: Kenneth R. Nihan (signature required) Printed Name: Kenneth R. Nelson	1 \$ 25.06 = 25.00 ASSUM NAME # 2
Capacity/Title: Owner	CK: CASH CT: 158919 BH: 938962 1 9 25.06 = 25.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	9,5