

## 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. Instructions are included on back of application.

2014 MAR -7 AM 9: 16

SECRETARY OF STATE STATE OF IDAHO

| 1.                            | The assumed business name which the unbusiness is:  | indersigned use(s) in the transaction of   |
|-------------------------------|---|--|
| İ                             | Quality Graphix   |  |
| 2.                            | The true name(s) and <u>business</u> address(esbusiness under the assumed business nan <u>Name</u> Timothy A. Hancock | es) of the entity or individual(s) doing ame: <u>Complete Address</u> PO Box 5503 Chubbuck Idaho 83202 |
| 3.                            | — Several Abo or adollicos transacted fil   | Submit Certificate of  |
| 4.                            | The name and address to which future correspondence should be addressed: Timothy A Hancock PO Box 5503                | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301                  |
| 5.                            | Chubbuck ID 83202  Name and address for this acknowledgmen copy is (if other than # 4 above):                         |  |
| Signo                         | turo MuA  | Secretary of State use only  |
| Capa                          | d Name: Timptry A. Hancock city/Title: Owner ture:  | 0169489  |
|                               |   | IDAHO SECRETARY OF STATE  93/97/2914 95:99   |
| Printed Name: Capacity/Title: |   | CK: 1891 CT: 158818 BH: 1414868<br>1 8 25.88 = 25.88 ASSUM NAME # 2                                    |

abn.pmd Rev. 07/2010