



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

02/19/2004 05:00 AM 9:15

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

QB Maintenance and Repair

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

Name

Quinn E. Black

Complete Address

430 Parkway cir

twin falls , ID 83301

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

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" 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:

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

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

Quinn E. Black

430 Parkway cir

twin falls , ID 83301

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

Phone number (optional):

(208) 733-1015

Signature: Quinn E. Black
(signature required)

Printed Name: Quinn E. Black

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Form 53-504
Revised 04/2003

Secretary of State use only

IDaho SECRETARY OF STATE
02/19/2004 05:00
CK: 1188 CT: 150010 BH: 728257
1 @ 25.00 = 25.00 ASSUM NAME # 2

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