



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 filing.

2003 APR -9 AM 9:08

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

All Quality Transmission

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
<u>Susan J. Dison</u>	<u>8692 N. Hauser Lake Rd.</u>
<u>Timothy W. Dison</u>	<u>Hauser, Id. 83854</u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" 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 \$20.00 fee

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:

All Quality Transmission
8692 N. Hauser Lake Rd
Hauser, Id. 83854

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

Susan Dison
13734 N. Idaho Rd
Rathfrun, Id 83858

Phone number (optional):

208-773-1604

Signature: Susan J Dison
(signature required)

Printed Name: Susan J Dison

Capacity/Title: OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 09/2002

IDAHO SECRETARY OF STATE
04/16/2003 05:00
CK: 546 CT: 158010 BH: 675023
1 @ 25.00 = 25.00 ASSUM NAME # 2

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FILED EFFECTIVE