

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.

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Falls Brand

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

Independent Food Corporation
(C-72060)

P.O. Box EE
Twin Falls, ID 83303

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 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 | |

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

Phone number (optional): _____

Patrick Florence
Independent Food Corporation
P.O. Box EE
Twin Falls, ID 83303

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

J. Walter Sinclair
Benoit, Alexander, Sinclair, Harwood & High, LLP
P.O. Box 366
Twin Falls, ID 83303-0366

Submit Certificate of
Assumed Business
Name and **\$20.00** fee to:

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

Signature: 

Printed Name: Patrick Florence

Capacity: President

(see instruction #8 on back of form)

IDAHO SECRETARY OF STATE
11/21/2001 05:00
CK: 26679 CT: 2853 BH: 438827
1 @ 20.00 = 20.00 ASSUM NAME # 3

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