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CERTIFICATE OF ASSUMED BUSINES  (Please type or print legibly)	SS NAME	O: OF THE
(Please type or print legibly)  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.		
The assumed business name which the undersigned to business is:  Alliance Management See		action of
2. The true name(s) and business address(es) of the ent business under the assumed business name is/are:  Name  PoBox (	ity or individual(s) omplete Address 922, Haysen	
3. The general type of business transacted under the assumed business name is:		
Vinolesale Trade Agriculture Fi	ransportation and l inance, Insurance, lining	
4. The name and address to which future correspondence should be addressed:	Submit Certifica	
Alliance Management Sernices. POBOX 1922	Assumed Busin Name and \$20.	iess
Hayben TD 83835  5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of Sta 700 West Jeffer Basement West PO Box 83720 Boise ID 83720- 208 334-2301	rson

Signature

Printed Name:

Capacity: (see instruction # 8 on back of form) g vorpVorms\abo pm6

Secretary of State use only

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IDAHO SECRETARY OF STATE
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CK: 6475 CT: 158810 BH: 457543
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