C



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2007 JAN 26 AM 9: 03

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

Tripple S Distributing	
The true name(s) and business address(es) or business under the assumed business name: Name Steve S. Sykes	of the entity or individual(s) doing Complete Address 308 EAST 2nd NORTH ST. ANTHONY, ID 83445
3. The general type of business transacted unde Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Steve S. Sykes 308 East 2nd North St. Anthony, Id 83445	
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): 208-624-0240
Service Aller Alle	Secretary of State use only
nted Name: Steve S. Sykes	007500 Octoor
pacity/Title: Owner (see Instruction # 8 on back of form)	IDAHO SECRETARY OF STA Ø1/26/2007 Ø5 CK: 1288 CT: 158818 RH: 11

1 # 25.00 = 25.00 ASSUM MANE # 2