	*****
CERTIFICATE OF ASSU	MED BUSINESS NAME
To the SECRETARY OF STATE OF	IDAHO 01 FEB -5 AM 9: 48 Dec. the undersigned gives notice of STATE STATE OF IDAHO
The assumed business name which the up business is:	ndersigned use(s) in the transaction of
WALLACE DISTRIBUTING	<u> </u>
The true name(s) and business address(e business under the assumed business names and the second secon	es) of the entity or individual(s) doing me is/are:
Larry Wallace	Hon N Rapid Crk rd tukon, Id 8324
3. The general type of business transacted u	nder the assumed business name is:
See categories on the reverse	
4. The name and address to which correspor	ndence should be addressed:
- Larry Wallace	
- 1100 NRapid CIK od Inko	n, Fd 83245
Signed	To Malley
By	Larry Whilesa
	Distributor
Submit Certificate of Assumed Business Name and \$20.00 fee to:	Customer #
Secretary of State	Sectionally secretion has slike
700 West Jefferson PO Box 83720	8 82/65/2661 69:86 CX: 1228 CT: 141885 BH: 376915
Boise ID 83720-0080	1 8 26.88 = 20.88 ASSUM NAME # 2
	L17369
	_]