CE	RTIFICATE OF ASSUMED (Please type or print le		SS NAME
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 use(s) in the transaction of business is:			
	Sawtooth Distributing		
<ol> <li>The true name(s) and business address(es) of the entity or individual(s) doin business under the assumed business name is/are:</li> </ol>			
	Name David L. & Jill A. Elam	_	Complete Address lale Ave., Twin Falls, ID 83301
3.	The general type of business transacted (mark only those that apply)	under the as	sumed business name is:
		F	Fransportation and Public Utilities Finance, Insurance, and Real Estate Mining
· 4.	The name and address to which future	•	
	correspondence should be addressed:		Submit Certificate of
	Sawtooth Distributing		Assumed Business Name and \$20.00 fee to:
	1730 Glendale Ave.		
	Twin Falls, ID 83301		Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgment copy is (if other than # 4 above):		Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		ę	Secisian Screens of State  99/24/1997 09-00
	O: (1) (1)	2	CR: 1858 CT: 87618 BH: 41386
	re: Jill D. Clam	<b>a</b>	1 0 20.00 = 20.00 ASSUM NAME
Printed Name: JILL N. ELAM D 8369			
Capacit	(see instruction # 8 on back of form)	uges warder of	·