



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.

FILED EFFECTIVE

2002 SEP 11 AM 8:50

CLERK OF STATE
STATE OF IDAHO

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

~~XXXXXXXXXX~~ Kwik-Meds

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
<u>K2RED L.L.C.</u>	<u>526-K Shoup Ave W</u>
<u>W 194</u>	<u>Twin Falls, Id 83301</u>

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 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:

Same as above

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

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

D.L. Evans Bank
P.O. Box 87
Twin Falls, ID 83303

Signature:

Daniel S. Fuchs RPL
(signature required)

Printed Name:

Daniel S. Fuchs

Capacity/Title:

Member

(see instruction # 8 on back of form)

Phone number (optional):

Secretary of State use only

D 58157

IDAHO SECRETARY OF STATE
09/11/2002 05:00
CK: 960405 CT: 138112 DH: 487482
1 @ 20.00 = 20.00 ASSUM NAME # 2