CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on represed/EFFECTIVE

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.	
1. The assumed business name which the undersigned use(s) in the transaction of the local business is:	
GL DISTRIBUT	ING
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Name GREGG LAPOLLA	Complete Address 3415 N. 12 TH ST.
Olever Children	WEUR'D'ALENE 10.
	83815
	63013
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
The name and address to which future Phone number (optional): correspondence should be addressed:	
P.O. BOX 2043	Submit Certificate of
HAYDEN ID 83835	Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmen copy is (if other than #4 above): 3415 N. 12 ^{TN} ST	Secretary of State 700 West Jefferson
COEUR'D' ALENE 10.	Secretary of State use only
Signature: Docean de Pulla	Revision 12/99
Printed Name: GREGG LAPOLLA	IDAHO SECRETARY OF STATE 19/03/2001 05:00
Capacity: PRESIDENT	CK: 1826 CT: 152026 BH: 422445 1 9 20.00 = 20.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	D 488 18