CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

FILED

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

	gives notice of adoption of an Ass	sumed E	3usin	ess Name.
1.	The assumed business name which the und business is:	ersigne	d use	e(s) in the transaction of
	2m Distributors			
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	GERALD M. Broxson 18	522 E		nplete Address Dontello Ln. Boise ID
3.	The general type of business transacted und (mark only those that apply)	der the a	assun	ned business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction			nsportation and Public Utilities ance, Insurance, and Real Estate ing
4.	The name and address to which future correspondence should be addressed:	none nu	mber	(optional): (800)698-6363
	2m Distributors			Submit Certificate of
	1825 E. Montello Lu.	•		Assumed Business Name and \$20.00 fee to:
	BOISE, ID. 83712			Secretary of State
5.	Name and address for this acknowledgment			700 West Jefferson Basement West
	COPy is (if other than # 4 above):			PO Box 83720 Boise ID 83720-0080 208 334-2301
				Secretary of State use only
		rision 1/98		IDAHO SECRETARY OF STATE
	, À	risic		31/28/1999 09:00

Signature: Jalel M. Box

Printed Name: GERAID m. Broxson

Capacity: Owner/mangger

(see instruction # 8 on back of form)

CX: CASH CT: 118314 BH: 182796

1 0 20.00 = 20.00 ASSUM NAME # 2

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