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

To the	SECRETARY OF STATE, STATE OF IDAHO	
1	Pursuant to Section 53-504, Idaho Code, the undersigned M IG:	24
	gives notice of adoption of an Assumed Business Name.	

	gives notice of adoption of an Assi	umed Business Name.
1.	The assumed business name which the under business is:	ersigned use(s)single of salignation of
	JC Distributing Com	pany
2.	The true name(s) and business address(es) of business under the assumed business name	is/are:
	MARIANNE S. CHRISTLIEB L	Complete Address 83301 112 10th AVE EAST, Twin Falls, I Daho
3.	The general type of business transacted und (mark only those that apply)	ler the assumed business name is:
	Retail Trade Manufacturing Molesale Trade Agriculture Construction	Transportation and Public UtilitiesFinance, Insurance, and Real EstateMining
4.	The name and address to which future Photorrespondence should be addressed:	one number (optional):
	JC Distributing Company 1112 10th Ave. EAST	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Twin Falls, Idaho 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
		Secretary of State use only
liano!	ture: Marianne S. Christlub	Revision 12/99
	d Name: MARIANNE S. CHRISTLIEB	IDAHO SECRETARY OF STATE 99/24/2001 05:00 CK: 679 CT: 151627 MH: 429688
Capad	(see instruction # 8 on back of form)	99/24/2001 05:00 CK: 679 CT: 151627 MH: 429688 1 9:20.00 = 20.00 ASSUM NAME # 2