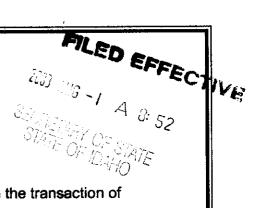
CERTIFICATE OF ASSUMED BUSINESS NAME

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.



business is:	KB Distribu	cting	(K.B's Distributing)	-
2. The true name(s) and bus business under the assum Name Keith R. Rowcust	ed busi ness name:		Complete Address	33.54 -
3. The general type of busing Retail Trade Wholesale Trade	ess transacted unde Transportation a			
Services Manufacturing Finance, Insurance,	Agriculture Mining		Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4. The name and address to correspondence should be Keith Bowcutt 4015 Hovston Romackay ID			Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowled copy is (if other than # 4 above):			Phone number (optional): (208)588-395(
			Secretary of State use only	
Signature: <u>Ker H. S.</u> Capacity/Title: OWNER (see instruction # 8 on back)	ow cutt_	g:korp/lormslabn formslabn p65 Revised 04/2003	IDAHO SECRETARY OF SI 08/01/2003 	TATE 5 : 00 694131

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