

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2009 SEP -5 AM 8: 51

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

OTATE OF IDAHO

D68606

The assumed business name which the undersigne business is:	d use(s) in the transaction of
- Purity Best	
2. The true name(s) and business address(es) of the obusiness under the assumed business name: Name Shevi D. Cuellav 173	entity or individual(s) doing Complete Address H Borah HVL E. IN Falls Id. 73301
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
1734 Boyah Ave E Twin Falls 11. 83301	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
First Federal Savings 19th Tuna 876 Blue Labo Blua N. Turn Falls 11. 73301 8	Secretary of State use only
Signature: Signature required Printed Name: Sherri Cuellar Capacity/Title: Master Distributor	
Printed Name: Sherri Cuellar	IDAHO SECRETARY OF STATE 09/05/2003 05:00
Capacity/Title: Master Distributor	CK: 306532 CT: 158010 BH: 700069