

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

(see instruction # 8 on back of form)

03 JUN 19 AM 10: 55 SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the un	ndersianea	d use(s) in the transaction of
business is:	acroignee	d dac(a) in the transaction of
E &A DISTR	CIBUTO	ors.
The true name(s) and <u>business</u> address(es business under the assumed business name).	s) of the e	
<u>Name</u>		Complete Address
ANNA TARRELL	<u> </u>	a N+L 23rd ST Boisit 8
ERIN L. ANDERSON	OITE	
ERIN FARRELL	<i>9</i> 3aa	
3. The general type of business transacted under the assumed business name is:  Retail Trade  Transportation and Public Utilities  Wholesale Trade  Transportation		
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  ENA DISTRIBUTORS  121 E 44 <sup>th</sup> UNIT B  GARDEN CITY BOISE 83	714	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above):</li> </ol>	ent	Phone number (optional): 208 344 9310
		Secretary of State use only
Signature: E James C (Signature required)	grcorp/toms/abn forms/abn.p65 Revised 04/2003	D66455
Printed Name: ERIN HARREUL	forms labriform: Revised 04/2003	IDANO SECRETARY OF STATE 06/19/2003 05:00
Capacity/Title: PRINER	orp\form: Revis	CK: CASH CT: 158010 BH: 686918 1 8 25.00 = 25.00 ASSUM NAME # 2
(see instruction # 9 on healt of fame)	95	