CERTIFICATE OF ASSUMED BUSINESS NAME		
(Please type or print legibly. See instructions on reverse.)		
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.9: 21 SECURE 99 AUG 20 AM 8: 35 State B9 SEP - 2 TAM 8: 47		
1.	The assumed business name which the unsersigned users in the transaction of business is: init STATE OF IDE STATE OF IDE STATE OF IDE OF	
	IDAHO TRUCK PLAZA	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Name	Complete Address
	M & D PARTNERSHIP	148 Frontage Road North Jerome, ID 83338
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)	
	Retail TradeImage: ManufacturingWholesale TradeAgricultureServicesConstruction	 Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future correspondence should be addressed:	Phone number (optional):
5.	Name and address for this acknowledgement copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Signa	J. Walter Sinclair Benoit, Alexander, Sinclair, Harwood & High P.O. Box 366 Twin Falls, ID 83303-0366	LLP Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Printed Name: Don McDowell IDANG SECRETARY OF STATE		
Capacity: General Partner Ø9/89/1999 09:00 (see instruction #8 on back of form) CX: 19211 CT: 2853 BH: 246593		
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