CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 99 AUG 17 AM 10: 14 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. State of 12. The assumed business name which the undersigned use(s) in the transaction of business is: Albion Village Gas and Grocery 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 Roger W. Jenkins Hwy 77 Box 36 Albion, Idaho 83311 Leeana Hauser Hwy 77 Box 36 Albion, Idaho 83311 ELLINAR ENTERPRISES, L.L.C. Hwv 77 Box 36 Albion, Idaho 83311 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): ___ correspondence should be addressed: Roger W. Jenkins Submit Certificate of Assumed Business Hwy 77 Box 36 Name and \$20.00 fee to: Albion, ID 83311 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 D. L. Evans Bank 208 334-2301 P. O. Box 517 Secretary of State use only Albion, Idaho 83311 IDAHO SECRETARY OF STATE

08/17/1999 09:00 CK: NO CK # CT: 119393 BH: 242747

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Idabo 83311

Printed Name:

Capacity:

Signature:

(see instruction # 8 on back of form)

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