TFICATE OF ASSUMED BUDING (Please type or print legibly. See instructions on referee.) (Please type or print legibly. See instructions on referee.) CERTIFICATE OF ASSUMED BUSINESS NAME To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undergreed Rusiness Name. gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of BLACKROCK DISTRIBUTING 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 SAMI ADEHARA MOHAWK POCATGLO, IN 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 Minina 4. The name and address to which future Phone number (optional): 208 233-73/9 correspondence should be addressed: DISTRIBUTION Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State

5. Name and address for this acknowledgment copy is (if other than # 4 above).

Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Secretary of State use only

Signature: SAWI TADEHARA

Capacity: OWNER

(see instruction # 8 on back of form)

IDANO SECRETARY OF STATE
09/07/2001 05:00
CX: 382288 CT: 151817 BH: 417911
1 8 28.88 = 28.88 ASSUM NAME # 2

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