

# CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED**

To the SECRETARY OF STATE, STATE OF IDAHO 99 AUG -9 PM 2:37  
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of  
adoption of an Assumed Business Name. STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

HIGH DESERT DISTRIBUTORS

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	Address
<u>DELMAR D. SCHOLL</u>	<u>440 PARKWAY CIR. TWIN FALLS</u>
<u>BILL JUSTMAN</u>	<u>1205 ADDISON AVE. W. TWIN FALLS</u>
<u>JAMES W. BINGHAM</u>	<u></u>

3. The general type of business transacted under the assumed business name is:

WHOLESALE TRADE

See categories on the reverse

4. The name and address to which correspondence should be addressed:

HIGH DESERT DISTRIBUTORS  
1205 ADDISON AVE. W.  
TWIN FALLS, ID. 83301

Signed Delmar D Scholl

By \_\_\_\_\_

Capacity OWNER

Submit Certificate of Assumed  
Business Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Customer #

IDAHO SECRETARY OF STATE

08-20-1999 09:00  
CK: 2020 CT: 103699 IN: 240040

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 10/96

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