CERTIFICATE OF ASSUMED BUSINESS NAME. To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of ATE adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Phil's Family Foods 2. The true name(s) and business address(es) of the entity or individual(s).doing husiness under the assumed business name is/are: Name P.O. Box 197 Kendrick, Id 83537 Phil's Food City, Inc. 3. The general type of business transacted under the assumed business name is: Retail Grocery Sales See categories on the revenue 4. The name and address to which correspondence should be addressed: Kendrick, Id 83537 Phil's Family Foods P.O. Box 197 Signed Phil Heinen By Submit Certificate of Assumed Business Name and \$20,00 fee to: Customer # Secretary of State Secretary of State use only 700 West Jefferson PO Box 83720 Boise ID 83720-0080 IDAHO SECRETARY OF STATE DATE 12/09/1996 0900 2 CUST# 72933 CK 8: 24793 ASSUM NAME

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