CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

08 JUN -9 AM 8:37 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

NOTE: See insudctions of reverse peror	re filing.
The assumed business name which the und business is: BRAMAN DISTRIBUTION	
The true name(s) and business address(es) business under the assumed business name Name	of the entity or individual(s) doing
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Same as above	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above): Same as above Signature: Accordence Braman Printed Name: George Braman	Secretary of State use only Secretary of State use only SECRETARY OF STATE
Capacity/Title: <u>OWNER</u> . (see instruction # 8 on back of form) 208 - 661 - 4355	O6/09/2008 05:00 CK: 12509 CT: 226736 BH: 1118740 1 0 25.00 = 25.00 ASSUM NAME # 2

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