

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



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

97 SEP 24 AM 10:12
SECRETARY OF STATE
STATE OF IDAHO

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

Z & L 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:

Evelie A. Reid 425 2ND Ave East #43
Twin Falls, Id. 83301

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): 734-9627

Evelie A. Reid
425 2ND Ave East #43
Twin Falls, Id. 83301

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

Signature:

Evelie Reid

Printed Name:

Evelie Reid

Capacity:

Sole Proprietor

(see instruction # 8 on back of form)

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

09/24/1997 09:00
CK: NO CK # CT: 87624 SH: 41389

1 @ 20.00 = 20.00 ASSUM NAME

D8609