CERTIFICATE OF ASSUMED E (Please type or print leg	BUSINESS NAME
(Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned STATE OF IDATE OF IDATE.	
The assumed business name which the undersigned use(s) in the transaction of business is:	
STUBBY'S COUNTRY STORE	
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	
ALVIN A. KIRBY	4354 W. Central Road
	Emmett, Idaho 83617
3. The general type of business transacted (mark only those that apply) Retail Trade	ing Transportation and Public Utilities Finance, Insurance, and Real Estate
Emmett, ID 83617	Secretary of State
5. Name and address for this acknowledgme copy is (if other than # 4 above): H. RONALD BJORKMAN PO Box 188	ent PO West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
D ID 92617	Secretary of State use only
Emmet, ID 83617 Signature:	1DAHO SECRETARY OF STATE 1DAHO SECRETARY OF

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