CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 200 ACS 16 ACS 10 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF IDAHO

 The assumed business name which the u business is: 	indersigned use(s) in the transaction of
BKC Distributing	
 The true name(s) and business address(e business under the assumed business na 	es) of the entity or individual(s) doing me:
Name	Complete Address
Byron Cogdill	12553 5 241 Arimo IO 83214
	12553 5, old they 91 Arimo 10 83214
3. The general type of business transacted u	
	on and Public Utilities
Wholesale Trade ☐ Construction☐ Services ☐ Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
BKC Distributing	PO Box 83720
PS 30x 14/ Armo ID 83214	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than #4 above). 	ent Phone number (optional):
	Secretary of State use only
Signature: (signature required)	IDAHO SECRETARY OF STATE
Printed Name: Byron / Cogdi //	Revised 042003
Capacity/Title: <u>Durit</u> (see instruction # 8 on back of form)	CK: 1871 CT: 158010 BH: 761171