	CERTIFICATE OF ASSUMED BUSINESS NAME FILED			
	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.			
1.	The assumed business name which the undersigned use(s) in the transaction of the business is: Gem State Liquidators			
2.	e true name(s) and business address(es) of the entity or individual(s) doing siness under the assumed business name is/are:			
	<u>Name</u>	Complete Address		
	James A. Whitehead	325 South 4th - ST. Maries, TD- 7384/		
	Corthorine R Hearthcock 32	S South 4th	St. St. Maries, 1D 83861	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	Retail Trade			
4.	The name and address to which future Phone number (optional): correspondence should be addressed:			
	P.O. Box 596	Ass	omit Certificate of sumed Business ne and \$29:00 fee to:	
5.	Name and address for this acknowledgment	700	retary of State West Jefferson ement West	
	COPY is (if other than # 4 above).	Bois	Box 83720 se ID 83720-0080 334-2301	
Se		cretary of State use only		
		<u>ğ</u> 11	AND SECRETARY OF STATE	
Signatu	Te James A. Whitchead	10 Ci: 1	/22/1998 09:00 714 CT: 16764 M: 155426 \	
rinted Name: James A. Whitehead		1 (20.00 = 20.00 ASSEM MANE # 2	
(see instruction # 8 on back of form)		orpYoms/abn p65	D19269	
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