CERTIFICATE OF ASSUMED BUSINESS NAME

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
	business is:

LAVIGNE DRUG GROUP

2.	The true name(s) and business address(es) of the entity or individual(s) doing	
	business under the assumed business name is/are:	

<u>Name</u>	<u>Address</u>
OSBURN DRUG COMPANY	BOX A OSBURN, ID 83849

3. The general type of business transacted under the assumed business name is:

RETAIL TRADE

See categories on the reverse

4. The name and address to which correspondence should be addressed:

OSBURN DRUG COMPANY

BOX A

OSBURN, ID 83849

Signed

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DALE B. LAWIGNE

Capacity PRESIDENT

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

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 Customer # 53858

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 03/27/1997
0900 77009 2
0X #: 8687 CUST# 78856

ASSUM NAME 10 20.00= 20.00

Mebn pm6