

D1218

CERTIFICATE OF ASSUMED BUSINESS NAME

FEB 14 6 52 AM '97

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:

DOLIVIKI DISTRIBUTING

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>
<u>Victoria L. Olive</u>	<u>2005 Olympia ST. IDAHO FALLS, ID. 83402</u>
<u>Douglas C. Olive</u>	<u>SAME</u>

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

WHOLESALE / RETAIL
See categories on the reverse

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

DOLIVIKI DIST.
2005 Olympia ST. IDAHO FALLS, ID. 83402

Signed Doliviki Dist.

By Victoria L. Olive

Capacity Owner

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 #

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 02/14/1997
0900 64262 2
CK #: 1438 CUST# 76608
ASSUM NAME 10 20.00= 20.00

Revision 10/86
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