FLED/EF 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 -7 PH 4: 20 gives notice of adoption of an Assumed Business Name.				
1.	The assumed business name which the undersigned uses for the transaction of STATE OF IDAHO			
	Shelf Life Distributors			
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>			
	Z Partners, Inc. 5384 Ellens Ferry Dr. Boise, ID 83703			
	<u> </u>			
	The general type of business transacted (mark only those that apply) Retail Trade Manufacture Wholesale Trade Agriculture Services Construction The name and address to which future	ring	med business name is: Insportation and Public Utilities ance, Insurance, and Real Estate hing r (optional):	
٦.	correspondence should be addressed:	7	(Optional):	
	Z Partners, Inc.		Submit Certificate of	
	5384 Ellens Ferry Drive		Assumed Business	
			Name and \$20.00 fee to:	
	Boise, Idaho 83703		Secretary of State	
5.	Name and address for this acknowledge copy is (if other than # 4 above):	nent	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
			Secretary of State use only	
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Signature:__ Printed Name: Robert E. Belveal President Capacity: (see instruction # 8 on back of form)

IDANO SECRETARY OF STATE
@2/08/2002 05 = 00
CK: 28778 CT: 1729 BH: 444967
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