	FILED EFFECTIVE
CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Busi	NAME 2003 OCT 20 PH 2: 22 undersigned 2003 OCT 20 PH 2: 22
Please type or print legibly. NOTE: See instructions on reverse before	STATE OF IDALIA
 The assumed business name which the unde business is: S & G Dist 	
2. The true name(s) and business address(es) of business under the assumed business name: Name Sharlene M. Eldridge	of the entity or individual(s) doing :: Complete Address 13101 North 55 East, Idaho Falls, Idaho 83401
 3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: <u>Sharlene M. Eldridge</u> 13101 North 55 East 	and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Idaho Falls, Idaho 83401 5. Name and address for this acknowledgmer copy is (if other than # 4 above):	208 334-2301 nt Phone number (optional): 208-528-2828
Hayes Management Services, Inc. 410 Memorial Drive, Suite 205 Idaho Falls, Idaho 83402	Secretary of State use only
Signature: <u>MANUM M. Eldudge</u> (signature required) Printed Name: <u>Sharlene M. Eldridge</u> Capacity/Title: <u>Owner</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STA 10/21/2003 05 CK: 2859 CT: 158018 BH: 10/25.00 = 25.00 ASSUM
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