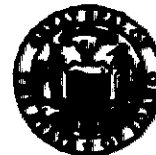


# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



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 has entered into a transaction of business is:

DMC DISTRIBUTION

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

SHERRI L. WALLACE 385 LINCOLN, AMERICAN FALLS, ID 83211

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

DMC DISTRIBUTION  
385 LINCOLN  
AMERICAN FALLS, ID. 83211

5. Name and address for this acknowledgment copy is (if other than # 4 above):

DMC DISTRIBUTION  
PO. Box 65  
AMERICAN FALLS, ID 83211-0065

Signature: Sherry L. Wallace

Printed Name: SHERRI L. WALLACE

Capacity: SOLE PROPRIETOR

(see instruction # 8 on back of form)

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

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

05/01/1998 09:00  
CK: 4055 CT: 90003 BH: 106506

1 @ 20.00 = 20.00 ASSUM NAME

# 14542