

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2011 MAR 24 PM 1:27

SECRETARY OF STATE
STATE OF IDAHOPlease type or print legibly.Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Dixon Livestock

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

Name

Intermountain Natural, LLC

(W4948)

Complete Address

2235 E. 25th Street, Suite 200

Idaho Falls, ID 83404

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

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

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

Derek C. Ence

PO Box 1491

Idaho Falls, ID 83404

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Secretary of State use only

Signature:

Printed Name: Derek C. Ence

Capacity/Title: Manager/Agent

Signature: _____

Printed Name: _____

Capacity/Title: _____

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