CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. STATECTS PH 2: 50

STATE OF TOAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

business is: Harvest States The true name(s) and business addres	s(es) of the e	entity or individual(s) doing
business under the assumed business Name		Complete Address
	5500 Cene	Complete Address ex Drive, Inver Grove Heights, MN 55077
Cenex Harvest States Cooperatives	_	
(C 50183)		
The general type of business transacte	d under the a	assumed business name is:
	ation and Pub	
☐ Wholesale Trade ☐ Construc	tion	
Services Agricultu	re	Submit Certificate of
☐ Manufacturing ☐ Mining		Assumed Business
Finance, Insurance, and Real Es	tate	Name and \$20.00 fee to:
. The name and address to which future		Secretary of State
correspondence should be addressed:		700 West Jefferson
		Basement West
Esther Longseth		PO Box 83720 Boise ID 83720-0080
5500 Cenex Drive		208 334-2301
Inver Grove Heights, MN 55077		
 Name and address for this acknowled copy is (if other than # 4 above). 	lgment	Phone number (optional):
		Secretary of State use only
	s _{9d} .	
ature: (signature required)	g'scopylformstebn formstebn p65 Revised 09/2002	
ed Name: Mark L. Palmquist	ms/abr	
acity/Title: Executive Vice President	corp)/for	IDAHO SECRETARY OF STATE 12/19/2002 05:0
(see instruction # 8 on back of form)	<u>-</u>	CK: 3010101654 CT: 22105 BH: 6

ID009 - 10/30/02 C T System Online

1 8 29.88 = 20.88 ASSUM NAME # 2

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