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

The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address William Vander Pol, III 960 East 3700 North, Castleford, ID Margie Vander Pol Family Trusts The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilitie Wholesale Trade Agriculture Finance, Insurance, and Real Esterorespondence should be addressed: Rockridge Dairy 960 East 3700 North, Castleford, ID Transportation and Public Utilitie Finance, Insurance, and Real Esterorespondence should be addressed: Rockridge Dairy 960 East 3700 North, Castleford, ID Transportation and Public Utilitie Finance, Insurance, and Real Esterorespondence should be addressed: Rockridge Dairy 960 East 3700 North Construction Mining 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	business is:		_				
business under the assumed business name is/are: Name Complete Address William Vander Pol, III Margie Vander Pol William and Margie Vander Pol Family Trusts Pemily Trusts The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilitie Wholesale Trade Agriculture Finance, Insurance, and Real Estation of Assumed Business Rockridge Dairy 960 East 3700 North Castleford, ID Submit Certificate of Assumed Business Name and address for this acknowledgment Copy is (if other than # 4 above): U.S. Bank, Idaho P. O. Box 509	Rockridge	e Dairy					e a be ge
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07/30/1997 09:00 CK: 1594 CT: 1250 M: 25651

1 \$ 20.00 = 20.00 ASSUM NAME

D 6787

Signature:_

Printed Name: William P. Vander Pol, III

Capacity:

Owner

(see instruction # 8 on back of form)