



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 July 18

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Ag States Group 2. The true name(s) and business address business under the assumed business n Name Ag States Agency, LLC	(es) of the entity or individual(s) doing name: Complete Address 5500 Cenex Drive Inver Grove Heights, MN 55077
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Constructio Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat 4. The name and address to which future correspondence should be addressed: Ag States Agency, LLC 5500 Cenex Drive	ion and Public Utilities on Submit Certificate of Assumed Business
Inver Grove Heights, MN 55077 5. Name and address for this acknowledgm copy is (if other than # 4 above): Nanci Lilja PO Box 64089 St. Paul, MN 55164-0089	208 334-2301 Phone number (optional): (651) 355-3710 Secretary of State use only
Signature: (anature required) Printed Name: Corwin Tufte Capacity/Title: Chief Manager (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE DAHO SECRETARY OF STATE DAHO SECRETARY O