



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.

2002 JUL 11 AM 8:32

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

WYBENGA DAIRY

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

Name

Complete Address

Steven C. Wybenga

3418 South 2400 East, Jerome, Idaho

Darla M. Wybenga

3418 South 2400 East, Jerome, Idaho 83338

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 | |

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

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

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

Phone number (optional):

208-732-5730

REGION IV DEVELOPMENT CORPORATION

P.O. BOX 5079

TWIN FALLS, IDAHO 83303-5079

Signature: _____

Printed Name: Steven C. Wybenga

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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IDAHO SECRETARY OF STATE
07/11/2002 05:00
CK: none CT: 2198 BH: 476626
1 @ 20.00 = 20.00 ASSUM NAME # 2

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