CERTIFICATE OF FILED EFFECTIVE **ASSUMED BUSINESS NAME**

08 MAY 27 AM 8: 59 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. SECRETARY OF STATE OF IDAME.

D122104

(see instruction # 8 on back of form)

business is:	Time		
Specialized Dairy 5	ystems		
2. The true name(s) and business addres business under the assumed business Name	s(es) of the ei name:	ntity or individual(s) doing Complete Address	
Damon Malbera	495	450 F. Burley ID	Ø 2=
		5. 450 E. Burley ID 83319	
7	· · · · · · · · · · · · · · · · · · ·		
3. The general type of business transacte	d under the a	ssumed business name is:	
Wholesale Trade Construct		lic Utilities	
∑ Services	e	Submit Certificate of	
☐ Manufacturing ☐ Mining		Assumed Business	:
☐ Finance, Insurance, and Real Est	tate	Name and \$25.00 fee to:	
f. The name and address to which future		Secretary of State	
correspondence should be addressed:		700 West Jefferson	
Specialized Dairy Syst		Basement West PO Box 83720	
	യാട	Boise ID 83720-0080	
495 South 450 East		208 334-2301	
Burley, Tolaho 83318	<u> </u>		
5. Name and address for this acknowled	gment	Phone number (optional):	19
CODY IS (if other than # 4 above):		208-431-3935	
***************************************		Secretary of State use only	<u> </u>
		and the second of the second o	
nature:	A SECOND		
(signature required)	Formskabn form	The state of the s	
ited Name: <u>Damon Malhera</u>	2 Name of the last of the la	IDAHO SECRETARY OF 05/27/2008	STATE
-	168		