



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2003 NOV 24 AM 9:36

STATE OF IDAHO

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

Vanderham Brothers 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

Peter C. Vanderham

5501 Carriage Pl., Rancho Cucamonga, CA 91737

Marian Vanderham

13545 Walker Ave., Ontario, CA 91761

Family Trust

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 | |

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

Vanderham Brothers Dairy

3200 South & 1625 East

Wendell, ID 83355

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

Citizens Business Bank
Agribusiness Department
12808 Central Avenue
Chino, CA 91710

Submit Certificate of
Assumed Business
Name and \$25.00 fee:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

(909) 591-7728 / (866) 578-0658

Secretary of State use only

Signature: Peter C. Vanderham

(signature required)

Printed Name: Peter C. Vanderham

Capacity/Title: General Partner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
11/25/2003 05:00
CK: 581821 CT: 99552 BH: 713631
1 @ 25.00 = 25.00 ASSUM NAME # 2

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