CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on r D/EFFECTIVE To the SECRETARY OF STATE, STATE OF IDAHO 00 FEB 14 AM 10: 59 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name of IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: Produce Co. 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name 4 ave. So 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Construction Services Mining 4. The name and address to which future Phone number (optional): _____ correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above). PO Box 83720 ° Boise ID 83720-0080 208 334-2301

SHAND-BECKERING GROSTINE

02/15/2000 09:00 CX: 945 CT: 126734 BH: 298328

1 8 20.00 = 20.00 ASSUM MANE # 2

D33147

Signature: Ray Phillips

Printed Name: Ray Phillips

Capacity: Proprietor

(see instruction # 8 on back of form)