

Capacity/Title: President

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

Please type or print legibly. NOTE: See instructions on reverse before filling. The 29 P_{ij} 22: p_{ij}

CLASSIC DAIRY	DATE
The true name(s) and business address(es business under the assumed business name	s) of the entity or individual(s) doing ne:
Name	Complete Address
Vierstra & Son, Inc.	2574 E 3800 N
053807	Twin Falls, ID 83301
	n and Public Utilities
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Classic Dairy	PO Box 83720 Boise ID 83720-0080
% Vierstra & Son, Inc.	208 334-2301
2574 E 3800 N, Twin Falls, ID 83301	
	ent Phone number (optional):
Name and address for this acknowledgm	(200) 726 7630
Name and address for this acknowledgm copy is (if other than # 4 above):	(208) 736-7630
	Secretary of State use only

IDAHO SECRETARY OF STATE @9/29/2003 @5:00 CK: 9145 CT: 90907 BH: 704093 1 0 25.00 = 25.00 ASSUM NAME # 2

DOG 274