CERTIFICATE OF ASSUMED (Please type or print l	
To the SECRETARY OF STATE, STATE (Pursuant to Section 53-504, Idaho (gives notice of adoption of an Assur	Code, the undersigned
 The assumed business name which the business is: 	
<u>Northside</u> Holsteins 2. The true name(s) and business address	
business under the assumed business <u>Name</u> <u>Chong Davis</u> <u>Charles Davis</u>	name is/are: <u>Complete Address</u> <u>300 N 886 W, Paul , ID 83347</u>
Ryan Hinton	11
3. The general type of business transacted (mark only those that apply)	
 Wholesale Trade X Agriculture Services Construction The name and address to which future 	i i i i i i i i i i i i i i i i i i i
 4. The name and address to which idule correspondence should be addressed: <u>Chong</u> Davis <u>300N</u> 786 W. 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Paul, ID 83347	Secretary of State 700 West Jefferson Basement West
 Name and address for this acknowledge COPY is (if other than # 4 above): 	nent PO Box 83720 Boise ID 83720-0080 208 334-2301
	IDAHO SECRETARY OF STATE Secretary of State use only 05/14/1999 05 CK: 694965965 CT: 115512 BH: 216797
Signature: Chart Alini Printed Name: Chong Davis	D 25 98 3 CK: 694965965 CT: 115512 BH: 216797 $D 25 98 3$
Capacity: General Partner	comption mattern pm6
(see instruction # 8 on back of form)	1 toorphoo