



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

2014 JAN -7 AM 8:35

Please type or print legibly.
Instructions are included on back of application.

SECRETARY OF STATE
STATE OF IDAHO

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

Northside Dairy

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>Paul Ciocca</u>	<u>243 W 200 N Jerome, ID 83338</u>
<u>Sean Ciocca</u>	<u>129 N 150 W Jerome ID 83338</u>

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:

Northside Dairy
243 W 200 N
Jerome, Id 83338

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

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Paul Ciocca

Printed Name: Paul Ciocca

Capacity/Title: Owner

Signature: Sean Ciocca

Printed Name: Sean Ciocca

Capacity/Title: Partner

Secretary of State use only

IDAHO SECRETARY OF STATE
01/07/2014 05:00
CK: 5651 CT: 291435 BH: 1404005
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 167946