



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 OCT 22 AM 8:53
STATE OF IDAHO

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

DOUBLE B 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

LUIS M. BETTENCOURT

PO BOX 587, JEROME ID 83338-0587

SHARON BETTENCOURT

PO BOX 587, JEROME ID 83338-0587

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:

LUIS M. BETTENCOURT

PO BOX 587

JEROME ID 83338-0587

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

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

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

ROBERT E. WILLIAMS

PO BOX 168

JEROME ID 83338-0168

Phone number (optional):

208-324-2303

Secretary of State use only

Signature: *LUIS M. BETTENCOURT*

(signature required)

Printed Name: LUIS M. BETTENCOURT

Capacity/Title: OWNER

(see instruction # 8 on back of form)

g:\corp\forms\abn form\slabn p65
Revised 04/2003

IDAHO SECRETARY OF STATE
10/22/2003 05:00
CK: 15766 CT: 1660 BH: 707841
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 69904