

Signature:_

Capacity/Title:

Printed Name: Adrian Kroes

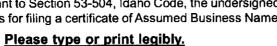
Owner

(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.

NOTE: See instructions on reverse before filing.





ာင္က SunRidge Dairy	
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he true name(s) and <u>business</u> address(es) o	f the entity or individual(s) doing
usiness under the assumed business name:	O a sustanta Addasas
Name	Complete Address
Adrian Kroes	14661 Haven Avenue, Chino, CA 91710
ne general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Agriculture Manufacturing Mining	er the assumed business name is: and Public Utilities Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
re name and address to which future brespondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
14661 Haven Avenue	Boise ID 83720-0080
Chino, CA 91710	208 334-2301
lame and address for this acknowledgment opy is (if other than # 4 above):	Phone number (optional):
Moffatt, Thomas, Attn: Scott Campbell	
P. O. Box 829	Secretary of State use only

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IDANO SECRETARY OF STATE 06/07/2002 05:200 CK: none CT: 1117 BH: 478286 0 20.00 = 20.00 ASSUM NAME # 2