CERTIFICATE OF	
ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, to submits for filing a certificate of Assumed I Please type or print legibly. NOTE: See instructions on reverse before	S NAME the undersigned Business Name. STATE OF IDAHO
The assumed business name which the ur business is: G	ndersigned use(s) in the transaction of
The true name(s) and business address(e business under the assumed business nam Name Sarah Birch Nicole Ripley	s) of the entity or individual(s) doing me: Complete Address P.O. Box 1502 Hayden, ID 83835 P.O. Box 1502 Hayden, ID 83835
<ul> <li>The general type of business transacted us</li> <li>Retail Trade</li> <li>Transportation</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estatus</li> <li>The name and address to which future correspondence should be addressed:</li> <li>GnuMilk</li> <li>P.O. Box 1502</li> <li>Hayden, ID 83835</li> <li>Name and address for this acknowledge copy is (if other than #4 above):</li> </ul>	e Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 63720 Boise ID 83720-0080 (208) 334-2301

2002