CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on other page) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned Gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned uses in the transaction of Business is: Kauffman Dairy			
		The true name(s) and business address(es) of Business is/are: Name	
		John A. Kauffman	Complete Address 3713 North 2500 East Twin Falls, ID 83301
Jeff Kauffman	P.O. Box 567 Wendell, ID 83355		
3. The general type of business transacted under the assumed business name is: (mark only those that apply)			
Retail Trade Wholesale Trade X Agricult Services Constru	ture Finance, Insurance and Real Estate		
4. The name and address to which future Correspondence should be addressed:	Phone number (optional):		
Kauffman Dairy	Submit Certificate of		
3713 North 2500 East	Assumed Business		
Twin Falls, ID 83301	Name and \$20.00 fee to:		
Name and address for this acknowledgement Copy is (if other than #4 above):	Secretary of State 700 West Jefferson		
FIRST SECURITY BANK N.A.	Basement West		
COMMERCIAL LOAN DOCUMENTATION	CENTER PO Box 83720		
P.O. BOX 8203	Boise ID, 83720-0080		
BOISE, IDAHO 83707	(208) 334-2301		
Signature: John A. Kauffman/Jeff Kauffman	Secretary of State Use Only		
Printed Name John A. Kaut Fman / Jefft	aut thun		
Both are General Partners Capacity:			
(see instruction #8 on other sheet)	IDANO SECKETANY OF STATE		
	04/23/1998 69:66 Ox: 796/99884 13:4 66/64 180 180/86		

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