



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.
Instructions are included on back of application.

FILED EFFECTIVE

2014 OCT 31 AM 8:47

SECRETARY OF STATE
STATE OF IDAHO

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

West Central

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

West Central Distribution, LLC

2700 Trott Ave SW PO Box 897 Willmar, MN 56201

W143847

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 checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input 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:

Craig A. Trettin

West Central Distribution, LLC

2700 Trott Avenue SW, Willmar, MN 56201

PO Box 897

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

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

Suzanne Thompson, Moss & Barnett

150 South Fifth Street, Suite 1200

Minneapolis, MN 55402

Secretary of State use only

Signature: _____

Printed Name: Craig A. Trettin

Capacity/Title: Chief Financial Officer

Signature: [Signature]

Printed Name: _____

Capacity/Title: _____

IDAHO SECRETARY OF STATE

10/31/2014 05:00

CK:273327 CT:84280 BH:1447521
10 25.00 = 25.00 ASSUM NAME #2

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