

CANCELLATION, CONTINUATION, OR AMENDMENT OF
CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

03 JUL 23 PM 12: 32

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice
of the action(s) indicated below:

STATE OF IDAHO

1. The assumed business name is: SunRidge Dairy
2. The assumed business name was filed with the Secretary of State's Office on 06/07/02 as file number D55576.
3. Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
5. The assumed business name is amended to: _____
6. The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adrian Kroes	14661 Haven Avenue, Cino, CA 91710
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SunRidge Dairy, LLC	4890 Dry Lake Road, Nampa, ID 83686
<input type="checkbox"/>	<input type="checkbox"/>	<u>W24915</u>	_____

7. The type of business is amended to read:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining
8. The name and address to which future correspondence should be addressed is changed to read:

Adrian Kroes, 4890 Dry Lake Road, Nampa, ID 83686

9. Name and address for this acknowledgment copy is:

Moffatt Thomas, Attn: Robert Burns

P. O. Box 829

Boise, ID 83701

Signature: Adrian R. Kroes

Printed Name: Adrian R. Kroes

Capacity: Manager

(see instruction # 10 on back of form)

g:corpforms\business\amendabn.pm6
Revised 01/2001

Secretary of State use only

IDaho SECRETARY OF STATE
07/23/2003 05:00
CK: none CT: 1117 BH: 692553
1 @ 10.00 = 10.00 ASSUM AMEN # 2