

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:

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"/>	<u>Adrian Kroes</u>	<u>14661 Haven Avenue, Cino, CA 91710</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SunRidge Dairy, LLC</u>	<u>4890 Dry Lake Road, Nampa, ID 83686</u>
<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 BurnsP. O. Box 829Boise, ID 83701

Signature: _____

Printed Name: Adrian R. KroesCapacity: Manager

(see instruction # 10 on back of form)

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
07/23/2003 05:00
CK: none CT: 1117 BH: 692553
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