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Form No. 624

Revised: 01/99 Ri016 - 11/22/99 CT System Online

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

## FICTITIOUS BUSINESS NAME STATEMENT

(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-1.1-7.1, 7-16-9 or 7-13-2 of the General Laws, 1956, as amended, the undersigned business corporation, limited liability company or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1.	The legal name of the applicant business corporation, limited liability company or limited partnership is:  Land O' Lakes Farmland Feed LLC
2.	The fictitious business name to be used is Land O' Lakes Animal Milk Products Company
3.	The state or territory under the laws of which it is incorporated, organized or formed is
4.	The date of incorporation, organization or formation is September 1, 2000
5.	If a business corporation, the address of its registered office within Rhode Island is  CT Corporation System 10 Weybosset Street Providence, RI 02903
6.	If a business corporation, the business in which it is engaged See Addendum 1.
7.	Applicant is otherwise authorized to do business in the state of Rhode Island.
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	te: 12 22 00  Land O' Lakes Farm/and Feed LLC  Name of Applicant Corporation, Limited Liability Company or Limited  Partnership
	JAN 0 3 2001  By Signature of Officer for the Corporation Title  By Or By Or
	Signature of Authorized Person for the Limited Liability Company  or  NO SHOTA 904809 Signature of Authorized Person for the Limited Partnership  Signature of Authorized Person for the Limited Partnership

## Addendum

1. The Company shall engage in the business of manufacturing and s selling feed and feed ingredient products and any other goods and services to members, patrons of members, and others.

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SECRETARY OF STATE

SORPOPATIONS DIV.

10. NA IN II E HAL