



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE
MAY 29 AM 9:06
STATE OF IDAHO

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 use(s) in the transaction business is:

Ben's Concrete Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Ben A. Wilkins</u>	_____
<u>P.O. Box 395</u>	_____
<u>Kamiah, ID 83536</u>	_____

3. The general type of business transacted under the assumed business name is: (mark only those that apply)

- | | | |
|--|--|--|
| <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 checked="" type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): (208) 935-0261

Ben's Concrete Service
PO Box 395
Kamiah, ID 83536

Submit Certificate of Assumed Business Name and **\$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Signature: Ben A. Wilkins

Printed Name: Ben A. Wilkins

Capacity: _____

(see instruction # 8 on back of form)

Revision 12/99
g:\compforms\abm.p65

Secretary of State use only

IDAHO SECRETARY OF STATE
04/01/2002 05:00
CK: 40700 CT: 28916 BH: 455697
1 @ 20.00 = 20.00 ASSUM NAME # 2

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