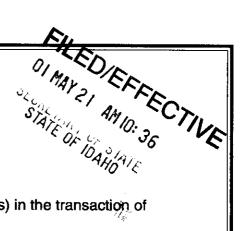


## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

See instructions on reverse before filing.



NOTE: See instructions on reverse before	efiling.
The assumed business name which the under business is:	
INTERSTATE CONCRE	ETE MANHGEMENT
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Name  NORIGUEZ SR.	Complete Address
	WENDEU IDAHO
	83355
3. The general type of business transacted und	er the assumed business name is:
☐ Retail Trade ☐ Transportation a ☐ Wholesale Trade ☐ Construction	and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  SAME	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	t Phone number (optional): 208 536-2979
	Secretary of State use only
Signature: Derick Rolling Printed Name: PANICL II Roski guez  Capacity: MANER	IDAHO SECRETARY OF STATE  IDAHO SECRETARY OF STATE  O5/22/2801 09 = 09  CK: 4842 CT: 146663 BH: 398464  1 0 28.00 = 29.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	1 0 20.00 = 20.00 ASSUM NAME # 2
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