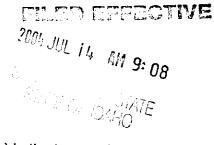


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.



| The assumed business name which the under business is: | ersigned use(s) in the transaction of |
|--|---|
| | oncrete Solutions |
| 2. The true name(s) and business address(es) business under the assumed business name Name Name KAthleen Hoffman | of the entity or individual(s) doing complete Address 340 Sonny H. BIKH Id. 8322 SAME |
| 3. The general type of business transacted und | er the assumed business name is: |
| Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Bill Hoffmans Concrete Signature 340 Sonny St Bibett of tal 83221 5. Name and address for this acknowledgment copy is (if other than # 4 above): | |
| - SAME | (208)785 2775 |
| | Secretary of State use only |
| Signature: Kattleen Hoffman Printed Name: KAthleen Hoffman | IDAHO SECRETARY OF STATE 97/14/2004 05:00 CK: 101 CT: 158010 BH: 755386 |
| Capacity/Title: (see instruction # 8 on back of form) | IDAHO SECRETARY OF STATE 07/14/2004 05:00 CK: 101 CT: 158010 BH: 755386 1 0 25.00 = 25.00 ASSUM NAME # 2 |