



# 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.**

1. The assumed business name which the undersigned use(s) in the transaction of business is:

BEST CONCRETE & GRAVEL

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

Name

MARLOW POUNDS

LEE POUNDS

LLOYD POUNDS

Complete Address

891 ONION AVE, ONTARIO, OR 97914

6885 BEATRICE DR, FRUITLAND, ID 83619

891 ONION AVE, ONTARIO, OR 97914

3. The general type of business transacted under the assumed business name is:

- |  |   |
|--|---|
| <input type="checkbox"/> Retail Trade                        | <input checked="" type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                                   |
| <input type="checkbox"/> Services                            | <input type="checkbox"/> Agriculture                                    |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining   |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |   |

4. The name and address to which future correspondence should be addressed:

SHARON BJORKLUND

925 NE 2ND AVE

ONTARIO, OR 97914

Submit Certificate of  
Assumed Business  
Name and \$25.00 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):

Phone number (optional):

541 823-8068

Secretary of State use only

0108400

IDAHO SECRETARY OF STATE

02/20/2007 05:00

CK: 1700 CT: 160181 BH: 1034225  
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature:

*Sharon Bjorklund*  
(signature required)

Printed Name: SHARON BJORKLUND

Capacity/Title: AGENT

(see instruction # 8 on back of form)