

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

T.LED EFFECTIVE

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

2005 NOV 17 AM 9: 17

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

CEPDETADIO

1. The assumed business name which the undersign business is:	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Alliance Asphalt INC. 4/2098	Complete Address 25 S. EAGLESON ROAD 2186, ID. 83705
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  **Extra Tohnson Pass Y Service Fagleson Road Road Road Road Road Road Road Road	
5. Name and address for this acknowledgment copy is (if other than #4 above):  Same As Abous	Phone number (optional):  (308) 336-1163  Secretary of State use only
Signature form on lose  Printed Name: Krist an Johnson Lose  Capacity/Title: Presid ont  (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE 11/17/2005 05:00 CK: 6210 CT: 194259 BM: 922570 1 0 25.00 = 25.00 ASSUM NAME # 2

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