227	
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. FILED EFFEC IIVE	
Instructions are included on back of application.	
1. The assumed business name which the undersigned use(s) in the bansaction of	
business is:	STATE OF IDAHO
Savage Custom Concrete	~~~ 10
2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business nar <u>Name</u>	ne: Complete Address
David Miles	2215 north Lincoln st. Post Falls Idaho 83854
3. The general type of business transacted u	nder the assumed business name is:
C F	n and Public Utilities
Wholesale Trade Construction	
	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: 	Secretary of State 450 North 4th Street
2215 north Lincoln st. Post Falls Idaho 83854	PO Box 83720
	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme CODV is (if other than # 4 above). 	nt
	,
David Mil	Secretary of State use only
Signature:	
Printed Name: David Miles	
Capacity/Title: Owner	
Signature:	IDAHO SECRETARY OF STATE
Printed Name: Capacity/Title:	11/21/2011 05:00 (v. 181976 CT: 158810 BH: 1298729
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