

CANCELLATION, CONTINUATION, OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below:

1. The assumed business name is: CEMENT DOCTORS
2. The assumed business name was filed with the Secretary of State's Office on MAR 12, 2001 as file number 043426.
3. ☐ Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. ☐ Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date).
5. ☒ The assumed business name is amended to: CONCRETE Repair Specialists
6. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input type="checkbox"/>	<u>BRITT FOLSEN</u>	<u>3559 E. 500 N. LEWISVILLE, ID 83431</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>DREW FOLSEN</u>	<u>3994 E. 65th S. AMMON, ID 83406</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>KIRK MADSEN</u>	<u>?</u>

7. ☐ The type of business is amended to read:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Mining
8. ☐ The name and address to which future correspondence should be addressed is changed to read:

Concrete Repair Specialists 3559 E. 500 N. LEWISVILLE, ID 83431

9. Name and address for this acknowledgment copy is:

BRITT FOLSEN + DREW FOLSEN

3559 E. 500 N.

LEWISVILLE, ID 83431

Signature: [Signature]

Printed Name: BRITT FOLSEN

Capacity: OWNER - PARTNER

(see instruction # 10 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
03/11/2002 05:00
CK: 1186 CT: 158010 BH: 451086
1 @ 10.00 = 10.00 ASSUM AMEN # 2

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FILED/EFFECTIVE