



# CERTIFICATE OF ASSUMED BUSINESS NAME

FILE EFFECTIVE

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.**

2007 MAY 17 AM 8:33

SECRETARY OF STATE  
STATE OF IDAHO

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

GT Concrete & Construction

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

<u>Name</u>	<u>Complete Address</u>
<u>Gene W Thurman</u>	<u>911 Milner Street</u>
<u></u>	<u>Buhl Id</u>
<u></u>	<u>83316</u>

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

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input checked="" 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 |                                                              |

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

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

Gene Thurman  
911 Milner Street  
Buhl Id 83316

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-404-6665

Signature: Gene Thurman  
(signature required)

Printed Name: Gene Thurman

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\corp\forms\labn form\labn.pdf  
Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE  
05/17/2007 05:00  
CK: 879 CT: 150010 BH: 1054362  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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