FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

Printed Name:

Signature:_____

| 2017 DEC 10 - |
|-------------------------------------------------------------|
| 2017 DEC 18 PM 12: 55 SECRETARY OF STATE STATE OF IDALITATE |
| STATE OF IDASTATE |

| 4 | | STATE OF IDASTATE |
|---------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 1. | The assumed business name which the unders | igned use(s) in the transaction of business is: |
| | Al Concrete 3 Construc | tion |
| | | |
| 2. | The individual and/or entity names and business | s address(es) of those doing business under |
| | the assumed business name (do not include the no | ame you listed in #1\" |
| | Grand Works LIC PA Be | ox 69 Middleton, ID 83644 |
| | (Name) (Address) | |
| | (Name) (Address) | |
| | (Address) | |
| | (Name) (Address) | |
| | | |
| | (Name) (Address) | |
| | | |
| 3. | The general type of business transacted under | the assumed business name is: |
| | Retail Trade Construction | Transportation and Public Utilities |
| | Wholesale Trade Agriculture | Mining |
| | Services Manufacturin | g Finance, Insurance, and Real Estate |
| | | |
| 4. | Mailing address for future correspondence: | 5. Name and address for this acknowledgment |
| | 44 | COPY is (if other than #4); |
| | Al Concrete 1 Construction (Name) PO BOX 69 (Address) Middleton ID 83644 (City) (State) (Zipcode) | (Name) |
| | PO BOX 69 | (Name) |
| | (Address) | (Address) |
| | Middleton 10 87649 | (City) (State) (Zipcode) |
| | | (Oity) (State) (Ziptotte) |
| Drie | atod Nama: Tyler Ashtan | |
| Printed Name: Tyler Ashton Signature: | | Secretary of State use only |
| Sig | nature: | |
| Printed Name: | | 10AHO SECRETARY OF STATE 12/18/2017 05:00 |
| | | CK:CASH CT:158010 BH:1616796 |
| Sig | nature: | 1@ 25.00 = 25.00 ASSUM NAME #2 |

Rev. 08/2015

D199036