CERTIFICATE OF ASSOCIATIONS CONTROL (Please type or print legibly. See instructions co 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Timothy R. Allew 6,00 w. Mc Miller Meridian Id 83642 Filepin K. Allen 10180 W. McMillan The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate ∠ Services Construction Mining Phone number (optional): 286.7747 4. The name and address to which future correspondence should be addressed: Tim Allew Submit Certificate of dba Tim Allen Sand + Gravel Assumed Business Name and \$20.00 fee to: 4180 W. Mc Millaw Meridian IN 83642 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above). PO Box 83720,--/ Boise ID 83720-0080 208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

03/20/2000 09:00 CX: 2844 CT: 128498 PH: .300757

1 8 20.00 = 20.00 ASSUM NAME # 2

034203

Signature: June Allen

Printed Name: Tim Allen

Capacity: <u>Owner</u>

(see instruction # 8 on back of form)