## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO



Pursuant to Section 53-504, Idah	no Code, the undersigned 27
gives notice of adoption of an As  1. The assumed business name which the uncompared to the second s	\$20 Art
business is:	J
Jones and Rose Concr	-ete ·
2. The true name(s) and business address(es business under the assumed business name  Name Rose	, , , , , , , , , , , , , , , , , , , ,
Robert Jones	448 Harrison - Twin Falls
3. The general type of business transacted un (mark only those that apply)  Retail Trade Manufacturing Molesale Trade Agriculture Services Construction	
4. The name and address to which future correspondence should be addressed:  Cortis Rosc  269 S. Washing ton	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Twin Falls Id §3301  5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Curtis Rose  Printed Name: Curtis Rose	IDAHO SECRETARY OF STATE  12/27/1999 89:88  CK: 1174 CT: 124457 BH: 276391
Printed Name: (UTT) NOSC	1 @ 28.88 = 28.80 ASSUM MARK # 2
Capacity: (o - Owner	D 31641