

Capacity/Title: ___

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Parr-Ticular Asphalt Maintenance 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name 1538 East Jensen Road, McCammon, ID 83250 Daniel Parr 1538 East Jensen Road, McCammon, ID 83250 LaDale Parr 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Mining Manufacturing Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Daniel Parr Boise ID 83720-0080 1538 East Jensen Road 208 334-2301 McCammon, ID 83250 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Signature: 🌽 Printed Name: Daniel Parr Capacity/Title: Owner Signature: _____ IDAHO SECRETARY OF STATE Printed Name:

NOV. 07/2010

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05/16/2012 05:00 CK: 483 CT: 278454 RH: 1324375 1 0 25.88 = 25.88 ASSUM NAME # 2