



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

05 JUL 18 PM 1:34

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

Young Paving

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

Name	Complete Address
<u>OTIS L. Young</u>	<u>702 W. Idaho ST</u>
<u>OTIS L. Young JR</u>	<u>Suite 1000 Boise ID 83702</u>
	<u>702 W. Idaho ST Suite 1000</u>
	<u>Boise ID 83702</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:

OTIS L. Young
702 W. Idaho ST Suite 1000
Boise ID 83702

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

Phone number (optional):

208-734-3491
1-800-485-7138

Secretary of State use only

Signature: _____

OTIS L. Young
(signature required)

Printed Name: _____

OTIS L. Young

Capacity/Title: _____

owner

(see instruction # 8 on back of form)

g:\corporate\abn\forms\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
07/18/2005 05:00
CK: CASH CT: 158010 BH: 821831
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 89762