CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions FILE PREFECTION) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(இ) முக்கெction of business is: The Concrete Smith 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 Name 3629 Jill St Idens Falls, Idaho 83-101 3. 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 4. The name and address to which future Phone number (optional): (208) 523-5450 correspondence should be addressed: The Concrete Smith Submit Certificate of Assumed Business 3629 Jill ST Name and \$20.00 fee to: Idaho Fall, Id. 83401 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 **U5/U8/2000 09:00** CX: 4189 CT: 130739 RH: 315633

Printed Name: Clarence Smith

Capacity: Sole Proprietor (owner)

(see instruction # 8 on back of form)

1 # 20.00 = 20.00 ASSUM HAME # 2

D35588