

Capacity/Title: _____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 17 71 71 9147

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: **Custom Concrete Resurfacing** 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Weaver Enterprises, Inc. 441 Parkway Cir., Idaho Falls, ID 83401 C164272) 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of 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 Custom Concrete Resurfacing PO Box 83720 Boise ID 83720-0080 441 Parkway Cir. 208 334-2301 Idaho Falls, ID 83401 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only Signature: 122 Printed Name: Barton Weaver Capacity/Title: President IDAHO SECRETARY OF STATE

@2/21/2012 @5:00

CK: 3439 CT: 266397 BH: 1311480
1 @ 25.80 = 25.80 ASSUM NAME # 2 Signature: _____ Printed Name: ____ D153429