

## 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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE

HOTE. OCCUPATIONS OF TOTAL AND ANIAGO TOTAL	STATE OF STATE
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
SESSIONS CONCRETE	
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
ROBERT W. SESSIONS 615	- 5. 2 NO E. ST. ANTHONY
3. The general type of business transacted under the	e assumed business name is:
Retail Trade	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  Phone number (optional):  208)390-2738
	Secretary of State use only
gnature:	
(signature required)	IDAHO SECRETARY OF STATE
rinted Name: KoBERT Wa TESSONS	08/28/2006 05:00 CK: 1166 CT: 158818 BH: 972132
apacity/Title:	1 @ 25.00 = 25.00 ASSUM NAME # 2

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