



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

01 MAR 12 AM 9:32

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(s) in the transaction of business is:

CEMENT DOCTORS

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

Name

Complete Address

BRITT FOULSEN

3559 E. 500 N. Lewisville, ID 83431

KIBE MADSEN

3665 E. 500 N. ROBY, ID 83442

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 208-754-4895

CEMENT DOCTORS

3559 E. 500 N.

LEWISVILLE, ID 83431

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Britt Foulse

Printed Name: BRITT FOULSEN

Capacity: General Partner

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

03/12/2001 09:00
CK: 3561 CT: 143409 BH: 304007

1 @ 20.00 = 20.00 ASSUM NAME # 2

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