CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 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(\$) in the assumed business name which the undersigned use(\$) in the assumed business name which the undersigned use(\$) in the assumed business name which the undersigned use(\$) in the assumed business name which the undersigned use(\$) in the assumed business name which the undersigned use(\$) in the assumed business name which the undersigned use(\$) in the assumed business name which the undersigned use(\$) in the assumed business name which the undersigned use(\$) in the assumed business name which the undersigned use(\$) in the assumed business name which the undersigned use(\$) in the assumed business name which the undersigned use(\$) in the assumed business name which the undersigned use(\$) in the assumed business name which the undersigned use(\$) in the assumed business name which the undersigned use(\$) in the assumed business name which the undersigned use(\$) in the assumed business name which the undersigned use(\$) in the assumed business name which the assumed business name which it is the assumed business name which is the assumed business name which it is the assumed business name which is the assumed business nam STATE OF IDAHO business is: Miller Concrete & Excavation 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 <u>Name</u> 319 Orchard, Twin Falls, Idaho 83301 Gary Miller 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Beal Estate Agriculture Wholesale Trade Mining. Construction Services Phone number (Sotional): 4. The name and address to which future correspondence should be addressed: Gary Miller Submit Certificated Assumed Business 319 Orchard Drive Name and \$20 Secretary of State Twin Falls, Idaho 83301 700 West Jefferson PO Box 83720 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Boise ID 83720-0080 U.S. Bank 208 334-230 P.O. Box 509 Secretary of State use only Twin Falls, Idsho 83303-0509 Signature: X

IDAMS SECRETART OF STATE

09/23/1997 09:06 CK: 169 CT: 1250 TH: 48741

(see Instruction # 8 on back of form)

Printed Name: Gary Miller

Capacity: 6 10 no 6