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(s) in the transaction of		
	North College Partners	STE
2.	The true name(s) and business address(es) of the entity business under the assumed business name is/are:	ID <sub>A</sub>
	Gerald Martens 621 N Colle	nplete Address 3 5 50 50 50 50 50 50 50 50 50 50 50 50 5
	Gary Burkett	T.
3.	Retail Trade   Manufacturing   Transportation and Public Utilities   Wholesale Trade   Agriculture   Finance, Insurance, and Real Estate   Services   Construction   Mining	
4.	1. The name and address to which future correspondence should be addressed:	
	North College Partners 621 North College Rd Ste 100	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
5.	Twin Falls 1D 83301  Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Secretary of State use only IDAHO SECRETARY OF STATE

06/05/2000 09:00 CK: MO CK # CT: 131946 BH: 323543

1 0 20.00 = 20.00 ASSUM NAME # 2

D36310

Printed Name: Roger A. Kruger

Capacity: \$ GENERAL Partner

(see instruction # 8 on back of form)