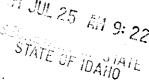


CERTIFICATERED/SAMECTIVE ASSUMED BUSINESS NAMECTIVE JUL 25 AM 9: 22 Controllant to Section 53-504, Idaho Code, the undersigned: 03 contificate of Assumed Business Name.

Pursuant to Section 53-504, Idaho Code, the undersigned: 03 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before willing.



NOTE. See management of justice to	· ·
The assumed business name which the under business is:	signed use(s) in the transaction of
KALIK INVESTORS, an Idaho General	- Partnership
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
Namo	Complete Address
Will Millian	663 NW 4th Street, Fruitland, ID 83619 765 Poleline Rd.Fast, Twin Falls, ID 83301 34 Falls, Suite 1020 D., Twin Falls, ID 83301
Michael Greene	01 2nd St. North, Twin Falls, Idaho 83303 21 N. College, Suite 100, Twin Falls, ID 83301
	nd Public Utilities Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
A. LeRoy Atwood 914 Elgin G. L. L. Links 83605	PO Box 83720 Boise ID 83720-0080 208 334-2301
Caldwell, Idaho 836055. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
First Security Bank, N.A. CLDC MAC #U1851-015	Secretary of State use only
P.O. Box 8203 Boise, Idaho 83707-2203	abn.p65
Signature:	IDAHO SECRETARY OF STATE
Printed Name: A LeRoy Atwood	IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE OB/O1/2001 05:00 CK: 1195 CT: 91145 BH: 411869 1 # 20.00 = 20.00 ASSUM NAME # 2
Capacity: Partner (see instruction # 8 on back of form)	(g) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
(See mondoning a company of the company	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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