Capacity: Partner

(see instruction # 8 on back of form)

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. SECRETARY OF STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of	
1. The assumed business name which the business is: Kalisek & Kalise	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
<u>Name</u>	Complete Address
Joseph M. Kalisek	2107 Julie Lane, Twin Falls & Rt 2, Box 2640 Paul Id 83347
J. Michael Kalisek aka Mike Kalisek 3. The general type of business transacted (mark only those that apply)	
 □ Retail Trade □ Wholesale Trade □ Services □ Constructio 	Finance, Insurance, and Real Estate
4. The name and address to which future Phone number (optional): correspondence should be addressed:	
Joseph M Kalisek 2107 Julie Lane	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Twin Falls, Id 83301	Secretary of State
5. Name and address for this acknowledgm copy is (if other than # 4 above): U.S. Bank	700 West Jefferson ent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
P.O. Box 509	Secretary of State use only
Signature Joseph in Kuluck	IDAHO SECRETARY OF STRIE DATE 04/17/1997 0900 83761 2
Printed Name: Joseph M. Kalisek	CK #: 1360 CUST# 1250 - E ASSUM NAME 10 20.00= 20.00

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