

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED/EFFECTIVE

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

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STATE OF IDAHO

The assumed business name which the unders	signed use(s) in the transaction of
business is:  Cascade Vacation	_
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Tack e Lee  Fred Gleason	the entity or individual(s) doing  Complete Address  G. Box 942, Cascade, Id. 836  O. Box 943, Cascade, Id. 836
3. The general type of business transacted unde	r the assumed business name is:
Retail Trade Transportation are Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Cascade Vacation Revotals Por Box GU2  Cascade Tal. 83(a)  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
	Secretary of State use only
Signature: Jackie Lee  Printed Name: Jackie Lee  Capacity: Oner  (see instruction # 8 on back of form)	1 0 28.00 = 28.00 ASSUM NAME # 2

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