

## CERTIFICATE OF **ASSUMED BUSINESS NAME**

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Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. SECRET & COP STATE STATE OF IDAHO

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

2. The true name(s) and business address(e business under the assumed business name Name  The Reserve at Lake Cascade, LLC  V 3532-2	Complete Address 6126 West State Street, Boise, Idaho 83703
2. The consent time of husiness transported to	
_	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  The Reserve at Lake Cascade, LLC  6126 West State Street	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Boise, ID 83703  5. Name and address for this acknowledgm copy is (if other than # 4 above):	
	Secretary of State use only
ignature:	IDAHO SECRETARY OF STATE  10/12/2005 05:00  CK: 6737 CT: 95331 BH: 916534  1 0 25.00 = 25.00 ASSUM NAME # 6
rinted Name. Kristen VanEngelen	IDAHO SECRETARY OF STATE  10/12/2005 05:00  CK: 6737 CT: 95331 BH: 916534