227

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED/EFFECTIVE
2003 FEB 11 AM 8:49
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:
   Cascade Furniture & Gifts

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Linda A. Ryska	PO Box 885 Cascade, Id 83611
Roger W. Ryska	P.O Box 885 Cascade, Id 83611

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade
- ☐ Wholesale Trade
- ☐ Services
- ☑ Manufacturing
- ☐ Finance, Insurance, and Real Estate
- ☐ Transportation and Public Utilities
- ☑ Construction
- ☐ Agriculture
- ☐ Mining

4. The name and address to which future correspondence should be addressed:
   Linda or Roger Ryska
   PO Box 885
   Cascade Ida 83611

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

Phone number (optional): 208-382-4596

Signature: [signature] (signature required)

Printed Name: Linda A. Ryska

Capacity/Title: Manager

(see instruction # 8 on back of form)

g:\corp\formation form\abn.p65
Revised 07/2002

Secretary of State use only

IDAHO SECRETARY OF STATE
02/11/2003 05:00
CK: 820 CT: 158010 BH: 662199
1 @ 20.00 = 20.00 ASSUM NAME # 2

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