## CERTIFICATE OF ASSUMED BUSINESS NAME

97 JUL -7 PH 2: 20 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of an Assumed Business Name. adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: CASCADE BILLING SERVICE 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Address LAURIE KARLGAARD 1602A E. SELTICE WAY #388 POST FALLS . ID 83854 3. The general type of business transacted under the assumed business name is: 4. The name and address to which correspondence should be addressed: CASCADE BILLING SERVICE 1602 A E. SELTICE WAY #388 POST FALLS, ID 83854 By Capacity AUKE **Submit Certificate of Assumed** Customer # Business Name and \$20.00 fee to: Secretary of State use only Secretary of State IDANO SECRETARY OF STATE 700 West Jefferson 07/08/1997 09:00 CK: 1242 CT: 63666 BH: 18459 PO Box 83720 Boise ID 83720-0080 1 9 29.00 = 20.00 ASSIN NAME

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