

## **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.

2015 FEB 17 AM 10: 22

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

Paola's Rainbow Resort  The true name(a) and business address(a)	
The true name(s) and <u>business</u> address(extended business under the assumed business name     Name  Tracy Paola	me: Complete Address
Dean Slater	1219 w Bentwood Loop Coeur D Alene, ID 83815 301 Airport Beach Rd Dutch Harbor, AK 99692
Wholesale Trade Construction	n and Public Utilities
<ul><li>☐ Services</li><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:     Paola's Rainbow Resort     11304 N Cliffhouse Rd Hauser Lake ID 83854	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	
	Secretary of State use only
Printed Name Tracy Paola	IDANO SECRETARY OF STATE 02/18/2015 05:00
Capacity/Title: Owner/ Manager Signature:	CK:NO CK# CT:306544 BH:14621 1@ 25.00 = 25.00 ASSUM NAME
Printed Name: Dean Slater Capacity/Title: Owner/ Investor	D176811

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