

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

7803 SEP -3 811 8:41

Please type or print legibly.

NOTE: See instructions on reverse before filing.

C	ascade America		
-			
2. The true name(s) and business addre		or individual(s) doing	
business under the assumed busines			
Name		Complete Address	
Jon R. Remaklus	P.(	P.O. 5752, Boise, ID 83705	
Robyn Remaklus LaBreck	3100 Ch	00 Chatsworth Ln., Orlando, Fl 32812	
2. The gaperal time of huniness transport	adda		
3. The general type of business transact	ed under the assu	med business name is:	
Retail Trade Transpo	tation and Public I	Jtilities	
Wholesale Trade Constru	ction		
Services Agricult	ure 🗔	0.1	
		Submit Certificate of Assumed Business	
		Name and \$25.00 fee to:	
Finance, Insurance, and Real E	state	114/116 dill <b>425.00</b> 166 lU.	
4. The name and address to which futur	9	Secretary of State	
correspondence should be addressed	the state of the s	700 West Jefferson	
·	·	Basement West	
Jon R. Remaklus		PO Box 83720	
P.O. Box 5752		Boise ID 83720-0080	
Boise, ID 83705		208 334-2301	
E Nome and address for this polynomia	 P	hone number (optional):	
5. Name and address for this acknowle	agment r	, ,	
CODY IS (if other than # 4 above).		208-866-4140	
		Sacratary of Ctata was not	
		Secretary of State use only	
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ignature: (signature required)	2003	1)6850	57
rinted Name: Jon R. Remaklus	gcicorpiforms/abn forms/abn.p65		,
	Mformu Revis		
apacity/Title:Partner		IDAHO SECRETARY (	DF_STAT
(see instruction # 8 on back of form)	**	<b>09/03/2003</b> CK: 8540 CT: 172717	<b>夕ち:</b> BH: 6
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