

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

**FILED**



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

98 SEP 22 PM 2:50

SECRETARY OF STATE  
STATE OF IDAHO

1. The assumed business name which the undersigned user(s) in the transaction of business is:

CASCADE CABINS

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

Complete Address

WILLIAM CONN

307 S MAIN Cascade

PANDA CONN

307 S. Main, Cascade

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 382-5200

WILLIAM CONN

P.O. BOX 729

CASCADE IDAHO

5. Name and address for this acknowledgment copy is (if other than # 4 above):

WILLIAM CONN

307 S MAIN

CASCADE IDAHO

Signature: Will Conn

Printed Name: WILLIAM CONN

Capacity: OWNER

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

09/22/1998 09:00  
CK: CASH CT: 104362 IN: 147366

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97

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