



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

**FILED EFFECTIVE**

2016 FEB 16 4:10:19  
S E C R E T A R Y OF STATE  
STATE OF IDAHO

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

Lakefront Restaurant & Lounge

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Cascade Golf Association, 117 Lakeshore Dr. Cascade ID  
(Name) (C41309) (Address) Inc. 83611

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

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

4. Mailing address for future correspondence:

Cascade Golf Association  
(Name)  
Po Box 10341  
(Address)  
Cascade ID 83611  
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Paul Meyers

Secretary of State use only

Signature: Paul Meyers

IDAMO SECRETARY OF STATE

02/17/2016 05:00

DK:4040 CT:320405 BH:1513867  
1@ 25.00 = 25.00 ASSUM NAME #2

Printed Name:

Signature:

Printed Name:

Signature:

D184460