



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2018 FEB 13 AM 8:32

SECRETARY OF STATE
STATE OF IDAHO

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

Cascade Property Management

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):

Randy Mead

PO Box 1530, Cascade, ID 83611

(Name)

(Address)

Jenny Mead

PO Box 1530, Cascade, ID 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 Property Management

(Name)

PO Box 1530

(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: Randy Mead

Signature: [Signature]

Printed Name: Jenny Mead

Signature: [Signature]

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/13/2018 05:00

CK:1480 CT:352786 BH:1626736
10 25.00 = 25.00 ASSUM NAME #2

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