



CANCELLATION OR AMENDMENT OF CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE
2014 MAR 17 AM 10:05

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name is: CJ'S VAPEHOUSE
2. The assumed business name was filed with the Secretary of State's Office on 2-4-14 as file number D 168647
3. ☐ Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety.
4. ☐ The assumed business name is amended to: _____
5. ☐ The true names and business addresses of the entity or individuals doing business under the assumed business name are amended as follow:

Add:	Delete:	Name:	Address:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	SHELLY PAPKE	1111 BLUE LAKES BLVD N STE D, TWIN FALLS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MARK PAPKE	1111 BLUE LAKES BLVD N STE D, TWIN FALLS
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

6. ☐ The type of business is amended to read:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance, Insurance, and Real Estate
7. ☐ The name and address to which future correspondence should be addressed is changed to read: _____

8. Name and address for this acknowledgment copy is:

Shelly Papke
48 HORSESHOE CIR
JEROME ID 83338

Signature: Mark Papke

Printed Name: MARK PAPKE

Capacity: _____

Signature: Shelly Papke

Printed Name: Shelly Papke

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/18/2014 05:00
CK: 5105 CT: 292575 BH: 1415753
1 @ 10.00 = 10.00 ASSUM AMEN # 2

D 168647