



# CERTIFICATE OF ASSUMED BUSINESS NAME

**FILED EFFECTIVE**

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

11 MAY 26 AM 9:33

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

SECRETARY OF STATE  
STATE OF IDAHO

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

CORRECTIVE SKIN CARE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

C.J.S., LLC

(W10371)

Complete Address

632 W. 300 S, UNIT A, HEYBURN, ID 83336

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

<input type="checkbox"/>	Retail Trade	<input type="checkbox"/>	Transportation and Public Utilities
<input type="checkbox"/>	Wholesale Trade	<input type="checkbox"/>	Construction
<input checked="" type="checkbox"/>	Services	<input type="checkbox"/>	Agriculture
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Mining
<input type="checkbox"/>	Finance, Insurance, and Real Estate		

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

CAROL J STROUD

632 S. 300 W. UNIT A

HEYBURN, IDAHO 83336

Submit Certificate of  
Assumed Business  
Name and \$25.00 fee to:

Secretary of State  
450 North 4th Street  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

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

WILLIAM A PARSONS

BOX 910

BURLEY, IDAHO 83318

Secretary of State use only

Signature: Carol J. Stroud

Printed Name: CAROL J STROUD

Capacity/Title: MEMBER

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

IDAHO SECRETARY OF STATE  
05/26/2011 05:00  
CK: 22914 CT: 3708 BH: 1275628  
1 @ 25.00 = 25.00 ASSUM NAME # 3