



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**Please type or print legibly.**

**NOTE: See instructions on reverse before filing.**

**FILED EFFECTIVE**

09 DEC 14 AM 10:41

SECRETARY OF STATE  
STATE OF IDAHO

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

## CJ's Sweets + Treats

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

Name

### Complete Address

Carlee J Simpson

561 E State St. Eagle, ID 83616

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

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

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

Carlee Simpson  
5161 E State St.  
Eagle, ID 83616

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

Signature: Carole L. Simpson  
(signature required)

Printed Name: Carlee J Simpson

Capacity/Title: Owner

(see instruction # B on back of form)

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

**Idaho Secretary of State**  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

**(208) 334-2301**

**Secretary of State use only**

**Fuller**

IDAHO SECRETARY OF STATE  
12/14/2009 05:00  
CX: 2150 CT: 150010 BH: 1199031  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D135550