



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

**FILED EFFECTIVE**

2014 APR -1 AM 8:49

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

1st IMPRESSION BY C & J

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

Cindy Stephenson

1468 GREENFIELDS LOOP, EMMETT ID 83617

Janice Simpson

PO BOX 295, STAR ID 83669

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 |  |

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

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

1st IMPRESSION BY C & J

c/o PO Box 295

Star ID 83669

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

Signature: Cindy Stephenson

Printed Name: Cindy Stephenson

Capacity/Title: CO-OWNER

Signature: Janice D. Simpson

Printed Name: Janice Simpson

Capacity/Title: CO-OWNER

Secretary of State use only

IDAHO SECRETARY OF STATE  
04/01/2014 05:00  
CK: 9470 CT: 295891 BH: 1418885  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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