



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

2015 SEP -2 AM 8:39

SECRETARY OF STATE  
STATE OF IDAHO

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

Curves of Twin Falls

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):

Love of Fitness, LLC (The) 690 Blue Lakes Blvd N Twin Falls ID 83301  
(Name) (Address) (City) (State) (Zipcode)

W153832  
(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

(Name) (Address) (City) (State) (Zipcode)

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

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

4. Mailing address for future correspondence:

Ron Terry

(Name)

690 Blue Lakes Blvd N

(Address)

Twin Falls ID 83301

(City) (State) (Zipcode)

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

Ron Terry

(Name)

300 Morrison St #626

(Address)

Twin Falls ID 83301

(City) (State) (Zipcode)

Printed Name: Ronald P Terry

Signature: Ronald P Terry

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

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

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

09/02/2015 05:00

CK:1566 CT:312438 BH:1490625  
1@ 25.00 = 25.00 ASSUM NAME #2

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