

FILED EFFECTIVE

227



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.

2007 APR -3 PM 12: 15

SECRETARY OF STATE
STATE OF IDAHO

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

DELTA FITNESS

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

Name

SFO EXPEDITING LLC

Complete Address

1349 GALLERIA DRIVE, #200

1061181

HENDERSON, NV 89014

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
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

SFO EXPEDITING LLC

1349 GALLERIA DRIVE, #200

HENDERSON, NV 89014

Phone number (optional):

(702) 433-9696

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

R.GLEN WOODS

1349 GALLERIA DRIVE, #200

HENDERSON, NV 89014

Secretary of State use only

Signature:

(signature required)

Printed Name: STEPHEN R. HAMILE

Capacity/Title: MANAGER

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
04/03/2007 05:00
CK: 1100654 CT: 172899 BH: 1044537
1 @ 25.00 = 25.00 ASSUM NAME # 3

D110065