EILED EFFECTIVE



Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

1001 13 AM D: 10

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

SECRETATY OF MATE
STATE OF ID: 10

| business is: | TALENTED TOTS | S PRESCHOOL | |
|---|--|---|--|
| The true name(s) and business under the ass Name | | of the entity or individual(s) doing : Complete Address | |
| FUZION FITNESS & DANCE LLC | | 6303 NORTH 6000 WEST REXBURG, ID 83440 | |
| (W93 | | SUS NORTH BOOD WEST READORS, ID 65-40 | |
| 3. The general type of bus Retail Trade Whylesale Trade Services | Transportation a | er the assumed business name is: and Public Utilities | |
| Manufacturing | Mining ce, and Real Estate | Submit Certificate of Assumed Business Name and \$25.00 fee to: | |
| 4. The name and address correspondence should TALENTED TOTS PRESCI | be addressed: | Secretary of State 450 North 4th Street PO Box 83720 | |
| 6303 NORTH 6000 WEST | | Boise ID 83720-0080 | |
| REXBURG, ID 83440 | | 208 334-2301 | |
| 5. Name and address for copy is (if other than # 4 above | • | | |
| • | | Secretary of State use only | |
| ignature: Manual Panka | | | |
| rinted Name: MARCEL PARKI | | | |
| apacity/Title: MEMBER MANA | GER | | |
| gnature: | | IDAHO SECRETARY OF STATE | |
| rinted Name: | ······································ | 10/13/2011 05:0 CK: 317 CT: 263232 BH: 12940 | |
| annath of Titles | | 1 6 25.88 = 25.88 ASSUM NAME | |

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