FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

2013 SEP -3 PM 4: 35

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

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 ur business is:	ndersigne	d use(s) in the transaction of
	redzonesupps.com		
2.	The true name(s) and <u>business</u> address(est business under the assumed business name Name Red Zone Supplements LLC (W121032)	· · · · · · · · · · · · · · · · · · ·	
3.	The general type of business transacted under the Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Put	Submit Certificate of Assumed Business
4.	The name and address to which future correspondence should be addressed: Red Zone Supplements LLC 6139 W Corporal Lane Boise, Idaho 83704		Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt	
Signa	iture: Polit Farias		Secretary of State use only
Printe	ed Name: Robert Farias		
Сара	city/Title: Owner		
Signa	iture:		IDAHO SECRETARY OF STATE 29/03/2013 05:00
Printe	ed Name:		CK: 1536995 CT: 172099 BH: 1388589
	city/Title:		T.C. FORDO - PORDO MODEL INDEE & C

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