



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

**FILED EFFECTIVE**

2015 SEP -1 AM 11:34

SECRETARY OF STATE  
STATE OF IDAHO

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

CROSSFIT CAMBIA

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):

METANIA TRAINING LLC 9214 CLEVELAND BLVD, CAWELL, 83607  
(Name) (W124227) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

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

<input checked="" 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:

JOSEPH JENSEN

(Name)

431 SUMMER CT

(Address)

NAMPA

(City)

IDAHO

(State)

83686

(Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: JOSEPH JENSEN

Signature: [Signature]

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

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

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

09/01/2015 05:00

CK: CASH CT: 158010 BH: 1490500  
1@ 25.00 = 25.00 ASSUM NAME #2

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