

Capacity/Title:\_

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

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

2016 JUL 28 PM 3: 10

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

SECRETARY OF STATE STATE OF IDAHO

	JIMIL OF TOTAL
The assumed business name which the business is:	undersigned use(s) in the transaction of
Arbor Fit	
The true name(s) and <u>business</u> address business under the assumed business r      Name	` '
	2722 N. 28th St. Box 108371
3. The general type of business transacted Retail Trade Transportate Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	stion and Public Utilities  Submit Certificate of Assumed Business
<ul> <li>4. The name and address to which future correspondence should be addressed:</li></ul>	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
$\mathcal{O}$	Secretary of State use only  IDAHO SECRETARY OF STATE  07/28/2016 05:00  CK:2230 CT:327296 BH:1539596  16 25.00 = 25.00 ASSUM NAME #2
Signature:	
Printed Name:	1)188225

1108/2