

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

07 OCT 26 AM 8: 14

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

	CTL Research
2. The true name(s) and business address business under the assumed business  Name  Choose To Lose, LLC  W 49970	ss(es) of the entity or individual(s) doing s name: Complete Address 951 E. Plaza Dr., Suite 120, Eagle ID 83616
3. The general type of business transacted  Retail Trade ☐ Transport  Wholesale Trade ☐ Construct  Services ☐ Agricultur  Manufacturing ☐ Mining  Finance, Insurance, and Real Es  4. The name and address to which future correspondence should be addressed:  Choose To Lose, LLC  951 E. Plaza Dr. Suite 120, Eagle, ID 83616	tation and Public Utilities  state  Submit Certificate of Assumed Business Name and \$25.00 fee to:  Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
5. Name and address for this acknowled copy is (if other than # 4 above):	gment Secretary of State use only
gnature:  (signature required)  inted Name:  William J. Luers  apacity/Title:  Member	- IDAHO SECRETARY OF STATE  10/26/2007 05:00  CK: 5891 CT: 199515 BH: 18824

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