FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

2014 AUG 11 AM 9: 59

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

STATE OF LOAD

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

PURE BODY 2. The true name(s) and business	address(es) of the ent	tity or individual(s) doing	
business under the assumed bu		and a second and the second	
<u>Name</u>		Complete Address	
PURE BODY PILATES, LLC	PO BOX 10	PO BOX 1061, HAILEY ID 83333-1061	
W51936			
The general type of business tra	ansacted under the as	sumed business name is:	
☐ Wholesale Trade ☐ Co	insportation and Public onstruction	c Utilities	
	griculture	Submit Certificate of	
Manufacturing M Finance, Insurance, and I	ning Real Estate	Assumed Business Name and \$25,00 fee to:	
4. The name and address to which		Secretary of State	
correspondence should be add	essed:	450 North 4th Street	
PURE BODY PILATES, LLC		PO Box 83720 Boise ID 83720-0080	
PO BOX 1061		208 334-2301	
HAILEY, ID 83333-1061	L		
Name and address for this ackr	owledgment		
COPY IS (if other than # 4 above):			
			
			
A/:		Secretary of State use only	
inature: 1			
inted Name: ALYSHA BETH OCLASSE	<u> </u>	IDAHO SECRETARY OF STAT	
apacity/Title: OWNER		08/12/2014 05:00	

CK:91805920 CT:201265 BH:1436918 16 25.00 = 25.00 ASSUM NAME #3

D173102

Capacity/Title:____

Signature:

Printed Name: