## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business NamellaD EFFECT 1. The assumed business name which the undersigned use(s) in the leansaging business is: Curves 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Sharlene D 3. The general type of business transacted under the assumed business pame is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Minina Phone number (optional): <u>208-267-3129</u> 4. The name and address to which future correspondence should be addressed: Submit Certificate or Assumed Business Box Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only Printed Name: Sharlana 1. Capacity: Owner (see instruction # 8 on back of form)