



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: \$25.00.

FILED EFFECTIVE

2016 MAR -3 AM 9:32
SECRETARY OF STATE
STATE OF IDAHO

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

Mountain Maniac Fitness

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):

<u>Tara Malloy</u> (Name)	<u>[Redacted]</u> (Address)
<u>Gannon Malloy</u> (Name)	<u>1858 N. Carissa</u> (Address)
<u>[Redacted]</u> (Name)	<u>Boise Id 83704</u> (Address)
<u>[Redacted]</u> (Name)	<u>[Redacted]</u> (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:

Malloys
(Name)
1858 N. Carissa
(Address)
Boise Id 83704
(City) (State) (Zipcode)

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

malloys
(Name)
1858 N. Carissa
(Address)
Boise Id 83704
(City) (State) (Zipcode)

Printed Name: Tara Malloy
Signature: [Signature]
Printed Name: Gannon Malloy
Signature: [Signature]
Printed Name: _____
Signature: _____

Secretary of State use only
IDAHO SECRETARY OF STATE
03/03/2016 05:00
CK:100 CT:321179 BH:1516491
1@ 25.00 = 25.00 ASSUM NAME #3

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