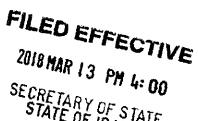


## CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Signature:



1.	The assumed business name which the undersigned use(s) in the transaction of business is:  Boise Kaia Fit					
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):					
	CaPow Fitness LLC	2528 N Sommesby Way Meridian, ID 83646				
	(W19795C	(Address)				
	(Name)	(Address)				
	(Name)	(Address)	<u></u>			
	(Name)	(Address)				
3.	The general type of business transacted under the assumed business name is:					
	<ul><li>☐ Retail Trade</li><li>☐ Wholesale Trade</li><li>☒ Services</li></ul>	<ul><li>Construction</li><li>Agriculture</li><li>Manufacturing</li></ul>	Minii Minii	sportation and Public L ng nce, Insurance, and Re		
4.	Mailing address for future	correspondence:	5. Name and a copy is (if other	uddress for this acknow or than # 4):	wledgment	
	CaPow Fitness LLC		(Alleman)			
	(Name) 2528 N Sommersby Way	,	(Name)			
	(Address) Meridian, ID 83646		(Address)			
	(City)	(State) (Zipcode)	(City)	(State)	(Zipcode)	
Pr	inted Name: Cari L Powers		Secretary of State use only			
Si	gnature: <u>( ow. L</u>	28		IDAHO SECRETARY OF S	ማ ው ይ	
Pr	inted Name:			03/13/2018 05:00		
Signature:				CK:17092200 CT:172099 BH:1632197 18 25.00 = 25.00 ASSUM NAME #2		
Printed Name:				D201123		

Rev. 08/2015