CERTIFICA	TE OF	FILED EFFECTIVE
ASSUMED BUS		2014 AUG 27 PM 2: 59
Pursuant to Section 53-504, Ida submits for filing a certificate of		SECRETARY OF STATE
Please type or print	<u>t legibly.</u>	STATE OF IDAHO
Instructions are included on b	eack of application.	,
1. The assumed business name wh	nich the undersigned use	(s) in the transaction of
business is:		
U Med Spa		<u> </u>
2. The true name(s) and <u>business</u> a	address(es) of the entity of	or individual(s) doing
business under the assumed bus		
<u>Name</u> Walk In Weightloss International LLC		<u>mplete Address</u> k Rd Chubbuck ID 83202
(W89471)		
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		·····
3. The general type of business tra		
	nsportation and Public Ut nstruction	lilities
	riculture	
	nina S	ubmit Certificate of
		COURSES DUSINGES
Finance, Insurance, and R		ssumed Business ame and \$25.00 fee to:
	eal Estate N	ame and \$25.00 fee to:
 Finance, Insurance, and R 4. The name and address to which correspondence should be address 	future S	ame and \$25.00 fee to: ecretary of State
4. The name and address to which	future S essed: 4	ame and \$25.00 fee to; ecretary of State 50 North 4th Street O Box 83720
4. The name and address to which correspondence should be addre Walk In Weightloss 134 W Chubbuck Rd	future S essed: 4 B	ame and \$25.00 fee to: ecretary of State 50 North 4th Street
4. The name and address to which correspondence should be addre Walk In Weightloss 134 W Chubbuck Rd Chubbuck ID 83202	Leal EstateNfutureSessed:4PB2	ame and \$25.00 fee to; ecretary of State 50 North 4th Street O Box 83720 loise ID 83720-0080
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