

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing. FILED EFFECTIVE

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SECRETARY OF STATE STATE OF IDAHO

Choose to Lose	
2. The true name(s) and business address(es business under the assumed business nam Name  Choose to Lose, LLC  W 49970	
The general type of business transacted ur  Retail Trade Transportation Wholesale Trade Construction Services Agriculture	and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
<ol> <li>The name and address to which future correspondence should be addressed:</li> <li>Cynthia R. Culp</li> </ol>	Secretary of State 700 West Jefferson Basement West PO Box 83720
951 E. Plaza Dr, Suite 110, Eagle, ID 83616	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above).	ent Phone number (optional):
	Secretary of State use only
nature: Cynthe R Quep  (signature required)  Otto Name: Cynthia R. Culp	93d rugssan formusalan
apacity/Title: Member (see instruction # 8 on back of form)	IDAHO SECRETARY (