

Signature: ____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Filing fee: \$25.00.

2018 JUL -2 AM 10: 12

The assumed be FitQuest Nutrit		ich the unders	igned (ed use(s) in the state of STATE state of STATE o			
The individual a the assumed b	and/or entity name ousiness name (do	es and busines not include the n	s addre ame you	ess(es) of the	ose doing business u	nder	
Applied Media		3075 W. Balata Ct., Meridian ID 83646					
(Name) (C 212	(Add	tress)					
(Name)	(Add	lress)					
(Name)	(Add	iress)					
(Name)	(Add	lress)					
3. The general typ	e of business tra	nsacted under	the ass	sumed busin	ess name is:		
☐ Retail Trad ☐ Wholesale ☒ Services	L.,	Construction Agriculture Manufacturi		Minir Minir	portation and Public ng ice, Insurance, and R		
4. Mailing address		•	5.	Name and a copy is (if other	iddress for this ackno or than # 4):	owledgment	
FitQuest Nutrit	ion - Gretchen Ts	eng					
3075 W. Balata	a Ct.			(Name)			
(Address) Meridian	ID	83646		(Address)			
(City)	(State)	(Zipcode)		(City)	(State)	(Zipcode)	
Printed Name: Gre	tchen Tseng				Secretary of State use only		
Signature: Kil	dull 2	2			IDAHO SECRETARY OF S	70h 7. M C	
Printed Name: Touy TENS				07/02/2018 05:00 CK:1040 CT:334933 BH:1651636			
Signature:	-	>		16 25	.00 = 25.00 ASSU	1001636 M NAME #2	
Printed Name:)		\nearrow	213818		

Rev. 08/2015