

Capacity/Title:

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2013 DEC -5 AM 8: 58

SECRE OF IDAHO

submits for filing a certificate of Assumed Business Name. Please type or print legibly. Instructions are included on back of application.

Bronco CrossFit	
2. The true name(s) and <u>business</u> address business under the assumed business	name:
<u>Name</u>	Complete Address
Bronco Strength & Conditioning, LLC	5033 W. Pinestone St., Meridian, ID 83646
(W122177)	
3. The general type of business transacte	d under the assumed business name is:
	ation and Public Utilities
☐ Wholesale Trade ☐ Construct	
Services Agricultur	
☐ Manufacturing ☐ Mining	Submit Certificate of
	Assumed Business
☐ Finance, Insurance, and Real Est	tate Name and \$25.00 fee to:
I. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Jennifer Morgan	PO Box 83720
5033 W. Pinestone St.	Boise ID 83720-0080
	_ 208 334-2301
Meridian, ID 83646	
<ol> <li>Name and address for this acknowledg copy is (if other than # 4 above).</li> </ol>	ment
	Secretary of State use only
nature: ( Mm ( ). Mm	
nted Name: JENNIFER J. MORA	AN
pacity/Title: <u>MEMBER MANAGER</u>	TRAUM OPPOSTANCE OF CTATE
nature:	IDAHO SECRETARY OF STATE 12/05/2013 (05:00
	CK: 113 CT: 298318 BH: 148651

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