FILED EFFECTIVE

<u> 227</u>



CERTIFICATE OF ASSUMED BUSINESS NAME

2013 SEP 25 PM 3: 19

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

The assumed business name which the undersigned use(s) in the transaction of business is: HPL CrossFit	
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name Human Performance Laboratories, LLC W/29503	es) of the entity or individual(s) doing me: <u>Complete Address</u> 5017 W. 33rd North, Idaho Falls, ID 83402
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 5017 W. 33rd North, Idaho Falls, ID 83402	and Public Utilities Submit Certificate of
5. Name and address for this acknowledgment copy is (if other than # 4 above): Emily Smith 5017 W. 33rd North, Idaho Falls, ID 83402	
rinted Name: Emily Smith apacity/Title: Manager/Member	Secretary of State use only
ignature:rinted Name:	TIMES SECRETARY OF STATE

9/21/2012

Capacity/Title:

ebn.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE
09/25/2013 05:00
CK: 1560798 CT: 172099 BH: 1391514
1 0 25.00 = 25.00 ASSUM NAME # 4

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