

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2014 MAY 12 AM 9: 40

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

SECRETARY OF STATE STATE OF TOAKO

	A STANISH
The assumed business name which the	undersigned use(s) in the transaction of
business is:	
CROSSFIT ADL	
The true name(s) and <u>business</u> address business under the assumed business r	
Name	Complete Address
HILL ROAD STRENGTH AND	_
CONDITIONING, LLC	BOISE, ID 83714
W12/05/8/0	BUISE , 10 B3717
_ W (a.v.) ov	_
3. The general type of business transacted	d under the assumed business name is:
Retail Trade Transporta	tion and Public Utilities
Wholesale Trade Construction	on
Services Agriculture	e
Manufacturing Mining	Submit Certificate of
Finance, Insurance, and Real Esta	Assumed Business ate Name and <b>\$25.00</b> fee to:
4 7	rane and projecto.
<ol><li>The name and address to which future correspondence should be addressed:</li></ol>	Secretary of State
CROSSFIT ADL	450 North 4th Street PO Box 83720
SAME	Boise ID 83720-0080
OH III	208 334-2301
C. Name and address Could's address to	
<ol><li>Name and address for this acknowledgr copy is (if other than # 4 above):</li></ol>	ment
MARK RICHINS	
7825 W HILL ROAD	_
BOISE, 10 83714	
MA h Du	_ Secretary of State use only
Signature: ///a/R Kud	IDAHO SECRETARY OF STATE
Printed Name: MARK KICHINS	05/12/2014 05:00
Capacity/Title: <u>DWNER   HEAD COACH</u>	CK:1051 CT:296751 BH:142435 10 25.00 = 25.00 ASSUM NAME
Signature:	IG 25.00 - 25.00 ABOUR MAME

171135

Capacity/Title:\_\_

Printed Name: \_\_\_\_\_