



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2005 MAY 17 AM 8:28

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

FITNESS 19

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name
Fitness 19 #101 LLC
RN 209 78

Complete Address

3658 S Findlay Ave
Boise, ID 83705

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

Sam

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

Signature: Shannon Killian
(signature required)
Printed Name: Shannon Killian
Capacity/Title: Partner

(see instruction # 8 on back of form)

gicrformidbn1 formidbn1 p65
Revised 04/2003

Secretary of State use only

IDaho SECRETARY OF STATE
05/17/2005 05:00
CK: 5675 CT: 171255 BH: 010869
1 @ 25.00 = 25.00 ASSUM NAME N 2

D 87891