



CERTIFICATE OF ASSUMED BUSINESS NAME

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

DEC 12 AM 8:49
SECRETARY OF STATE
STATE OF IDAHO

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

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

5B Crossfit Sun Valley

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

<u>Name</u>	<u>Complete Address</u>
<u>Next Level Fitness, LLC</u>	<u>PO Box 1740, Hailey, ID 83333</u>
<u>(W119820)</u>	<u>Physical: 202 Winterberry Loop, Hailey, ID 83333</u>

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 | |

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

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Alex Margolin
PO Box 1740
Hailey, ID 83333

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

Signature: _____

Printed Name: Alex Margolin

Capacity/Title: Member/Owner

Signature: *Alex Margolin*

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/12/2012 05:00
CK: 2614 CT: 277127 BH: 1351065
1 @ 25.00 = 25.00 ASSUM NAME # 4

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