

Printed Name: __ Capacity/Title:_

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

2014 JUN -9 AM 9: 1

SECRETARY OF STATE STATE OF IDAHO

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

Blue Ox	
2. The true name(s) and <u>business</u> ad business under the assumed business	ldress(es) of the entity or individual(s) doing ness name:
<u>Name</u>	Complete Address
CrossFit Explorer LLC	47 South Main Street, Driggs, ID 83422
(W136047)	(PO BOX 1608, Driggs, ID 83422)
Retail Trade Trans Wholesale Trade Cons	sacted under the assumed business name is: sportation and Public Utilities struction culture
☐ Manufacturing ☐ Minir☐ Finance, Insurance, and Rea	1 Assumed Business 1
The name and address to which full correspondence should be address Breanna Caywood	sed: 450 North 4th Street PO Box 83720
PO BOX 1608	Boise ID 83720-0080 208 334-2301
Driggs, ID 83422	
5. Name and address for this acknown copy is (if other than # 4 above):	vledgment
	Secretary of State use only
$M \rightarrow 0$	
gnature: Buam & Caywood	IDAHO SECRETARY OF STATE
gnature: <u>Buamu A Caywood</u> inted Name: <u>Breanna Caywood</u> apacity/Title: Member, CrossFit Explorer, LLC	06/10/2014 05:00

D111807