



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 DEC 17 AM 8:34
SECRETARY OF STATE
STATE OF IDAHO

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

Be Fit Training

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Donna Lowder 502 E. Selway Dr. Homedale, Id 83628

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Donna Lowder
(Name)
502 E. Selway Dr.
(Address)
Homedale, Id 83628
(City) (State) (Zipcode)

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

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name:

Donna Lowder

Signature:

[Signature]

Printed Name:

Signature:

Printed Name:

Signature:

Secretary of State use only

IDAHO SECRETARY OF STATE

12/17/2015 05:00

CK:5043 CT:217159 BH:1504595

1@ 25.00 = 25.00 ASSUM NAME #2

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