CERTIFICATE OF ASSUMED BUSINESSED FECTIVE (Please type or print legibly. See instructions on reverse.)

	P	ursuant to	Y OF STATE, S Section 53-504, of adoption of a	Idaho 1	Code, the unde	ersigned <sup>50</sup> 9 42 54 101 Name.	
1.		d business	name which the	e undei	rsigned use(s)	in the transaction of	
		+ gsyo	Association	ot	MACISE	Physiologists	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  Name  Complete Address						
	Idaho Asso Inc	orporated	Exercise Physiology	gist <u>s</u>	20mple 8795 w	. Wall Dr. / Boise, ID 83709	
3.	The general type of business transacted under the assumed business na (mark only those that apply)						
	Retail T Wholes Service	ale Trade	Manufact Agricultur Construct	re	•	oortation and Public Utilities e, Insurance, and Real Estate	
4.	The name and address to which future Phone number (optional):  Correspondence should be addressed:  The name and address to which future Phone number (optional):  Submit Certificate of						
	8735 W. Wall Dr.				A	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:	
	Boise.	ID 83	709		s	ecretary of State	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):				В Р В	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
					n 12/98	Secretary of State use only  IDAHO SECRETARY OF STATE	
Signat	ture:/	Walter			Revision 12/99 CK:	4/02/2001 09:00 3462 CT: 144413 BH: 388243	
Printe	d Name	Natthew G	. wattles		1 <b>6</b>	9 20.00 = 20.00 ASSUM NAME # 3	
Capacity: President						11.00	
Capa	only	ruction # 8 on b	ack of form)	_	g:\corplfoms\abn.p65	D 44168	