

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

03 MAY 23 PH 12: 02

SECRETARY OF STATE STATE OF IDAHO

TRIBALA FITNESS	AND WELLNESS
2. The true name(s) and business addres business under the assumed business	s name:
Name Tia c.m. Svardahl	Complete Address 4596 E. BAYTREE CT. BOISE, ID \$3716
3. The general type of business transacte	
✓ Retail Trade✓ Transports✓ Wholesale Trade✓ Construct	tation and Public Utilities
Services	Assumed Business
4. The name and address to which future correspondence should be addressed: TIA C.M. SVARDAHL	
4996 E. BAYTRED CT. BOISE, ID 83716	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowled copy is (if other than #4 above):	dgment Phone number (optional):
	Secretary of State use only
gnature:inted Name: TiA C. M. SVARDAH	Herred (A7003)
apacity/Title: J. W. Sadah, Ow (see instruction # 8 on back of form)	TIWO SECRETARY OF STATE

05/23/2003 05:00 CK: 2756 CT: 170279 BH: 682422 1 0 25.00 = 25.00 ASSUM NAME # 2

