



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

2005 OCT 21 AM 9:55

FILED EFFECTIVE

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

K² Fun Fitness

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

Name

Complete Address

Diane K. Gorrell

1704 Main St. Buhl, ID 83316

Kristina M. Drinkall

1704 Main St. Buhl, ID 83316

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 \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

K² Fun Fitness

c/o Kristy Gorrell

1704 Main St. Buhl, ID 83316

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

above

Phone number (optional):

[REDACTED]

Secretary of State use only

Signature: D. Kristiana Gorrell
(signature required)

Printed Name: Diane Kristiana Gorrell

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\cop\forms\labn form\labn p65
Revised 09/2002

IDAHO SECRETARY OF STATE
11/04/2005 05:00
CK: 1213 CT: 193881 BH: 920526
1 @ 25.00 = 25.00 ASSUM NAME #

D93305