

Capacity/Title:

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

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Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE STATE STATE

Bodies In Motion		
2. The true name(s) and <u>business</u> address(e business under the assumed business name  Name  Secu N. Wright	ame:	entity or individual(s) doing  Complete Address  Smart St. Nampa ID, 83688
3. The general type of business transacted  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining	on and Put	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Saw N. Wright  2625 Smart 54  Name ID, 63686	re	Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledged copy is (if other than #4 above):</li> </ol>	- nent	Phone number (optional):  208 - 250 - 4638
	-	Secretary of State use only
gnature: <u>Jean Mart</u> (signature) (signature) (signature) (signature) (signature)	ormstabn formstabn.p65 tevised 04/2003	IDAHO SECRETARY OF STATE  96/21/2096 95:00  CK: 3113 CT: 158818 BH: 961891