



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

RESET FORM

FILED EFFECTIVE

2018 SEP 12 AM 8:56

1. The assumed business name which the undersigned use(s) in the ~~State of Idaho~~ ^{SECRETARY OF STATE} is:

Functional Fitness 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):

Michael Masaitis 620 W. Highway 16 Smt 107 Emmett
(Name) (Address) ID 83617

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☐ Retail Trade
☐ Wholesale Trade
☒ Services

☐ Construction
☐ Agriculture
☐ Manufacturing

☐ Transportation and Public Utilities
☐ Mining
☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Michael Masaitis
(Name)
1001 Homestead dr.
(Address)
Emmett ID 83617
(City) (State) (Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Michael Masaitis

Signature: [Signature]

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/12/2018 05:00

CK:1145 CT:363357 BH:1663734
1@ 25.00 = 25.00 ASSUM NAME #2

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