227

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE
2013 APR 11 AM 9:26

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

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

   Mobile 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
Shelli Lazalde	PO Box 7
	Lewisville, Id. 83431

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

   - ☐ Retail Trade
   - ☐ Wholesale Trade
   - ☒ Services
   - ☐ Manufacturing
   - ☐ Finance, Insurance, and Real Estate
   - ☐ Transportation and Public Utilities
   - ☐ Construction
   - ☐ Agriculture
   - ☐ Mining

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

   Shelli Lazalde
   PO Box 7
   Lewisville, Id 83431

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

Submit Certificate of Assumed Business Name and **$25.00** fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Shelli Lazalde
Printed Name: Shelli Lazalde
Capacity/Title: Owner
Signature:
Printed Name:
Capacity/Title:

Secretary of State use only

IDAHO SECRETARY OF STATE
04/11/2013 05:00
CK: 1280 CT: 158010 BH: 1368936
1 @ 25.00 = 25.00 ASSUM NAME # 2

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