

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 08 NOV -3 PM 2: 08

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

Body Fitness Testing		
The true name(s) and business address(es) of business under the assumed business name: Name michael b cutler		ntity or individual(s) doing Complete Address 11th ave north nampa idaho 83687
The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:		
. Name and address for this acknowledgmen copy is (if other than #4 above):	t	
ed Name: Wisignature required) acity/Title: Swwy	g.hcorpt/samslabn formslabn.p65 Revised 04/2003	IDAHO SECRETARY OF STATE 11/03/2008 05 =: CK: 998 CT: 158010 BH: 114: 1 25.00 = 25.00 ASSUM MAI