



# 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

2012 OCT -4 PM 4:48

SECRETARY OF STATE  
STATE OF IDAHO

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

Elite Fitness

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

Name

Team Addiction, LLC

WU7515

Complete Address

441 Lacasa Loop Twin Falls, ID 83301

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	

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

Carlette Macklin

441 Lacasa Loop

Twin Falls, ID 83301

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

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

Secretary of State use only

Signature: Carlette Macklin

Printed Name: Carlette Macklin

Capacity/Title: Member

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

IDABO SECRETARY OF STATE  
10/04/2012 05:00  
CK: 1155226 CT: 172099 BH: 1342569  
1 @ 25.00 = 25.00 ASSUM NAME # 2