

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name

98 JAN -2 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

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

V2 HEALTH & FITNESS COMPANY

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

Name	Complete Address
<u>RUDY R. VAUGHN</u>	<u>1745 NW 13th AVE. MERIDIAN, ID 83642</u>
<u>MICHAEL H. VAUGHN</u>	<u>2955 CHAMPION WAY #121 TUSTIN, CA 92782</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

V2 HEALTH & FITNESS CO.
1745 NW 13th AVE.
MERIDIAN, ID 83642

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

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Rudy R. Vaughn

Printed Name: RUDY R VAUGHN

Capacity: GENERAL PARTNER

(see instruction # 8 on back of form)

Revision 287 g:\corp\form\idsh-pm6

Secretary of State use only

IDAHO SECRETARY OF STATE

01/02/1998 09:00
CK: 1026 CT: 91939 BH: 69242

1 @ 20.00 = 20.00 ASSUM NAME

010847

FILED