

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

SECRETARY OF STATE OF WATE

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

Please type or print legibly

	Instructions are included on back of ap	pplication.
1. T	The assumed business name which the ur pusiness is:	undersigned use(s) in the transaction of
•	Joyfu	ful Fitness
ם	The true name(s) and <u>business</u> address(es pusiness under the assumed business nar <u>Name</u> Joyce E Delavergne	es) of the entity or individual(s) doing ame: <u>Complete Address</u> 815 Poplar St. Sandpoint Idaho 83864
3. T	The general type of business transacted un  Retail Trade Transportation  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of
8 <u>J</u>	he name and address to which future orrespondence should be addressed: oyce E Delavergne 15 Poplar St. Fandpoint, Id 83864	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. N	ame and address for this acknowledgmen	ent
Signatur	e: forme Delalingre	Secretary of State use only
	Name: Joyce E Delavergne	
	y/Title: owner	
Signature:		IDAHO SECRETARY OF STATE
Printed Name:		05/17/2012 05:00 CK: 997498 CT: 172899 BH: 1324628
Capacity	//Title:	1 8 25.00 = 25.00 ASSUM HAME # 2
	abn.pmd Ray, 07/20	m 7155(ca

1)100669