

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFFOTON

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. GZ SEP 16 PM 12: 19

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

STATE OF IDAHO

The assumed business name which the und business is:	lersigned	use(s) in the transaction of	
Fireforce - fitness and	injury	prevention	_
The true name(s) and <u>business</u> address(es) business under the assumed business name Name	of the en	tity or individual(s) doing Complete Address	
Gavin Morrison	2722	2 Preasanton Ave	
		D 83702	- -
			-
3. The general type of business transacted un-	der the as	ssumed business name is:	
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Gavin Morrison 2722 Pheasanton Are 79632 ID 837792 5. Name and address for this acknowledgme 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 Phone number (optional):	·
		Secretary of State use only	
Signature: (signature required) Printed Name: Capacity/Title: Ourse	corplomisabn formslabn.p65 Revised 07.2002	IDAHO SECRETARY OF STATE 09/16/2002 05 = 6 CK: CASH CT: 158010 BH: 488 1 8 20.00 = 20.00 ASSUM NAM	441