



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

2014 MAR 28 PM 12:05

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

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

Crossfit

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

Human Performance Laboratories LLC
W 129503

Complete Address

5010 W 89th
4400 E. 17th St. Ammon, ID
83406

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 | |

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

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

CrossFit Edify
4400 E. 17th St.
Ammon, ID. 83406

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

Signature: Emily Smith

Printed Name: Emily Smith

Capacity/Title: Registered Agent / Mbr / Mgr

Signature: _____

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/28/2014 05:00
CK: 1770270 CT: 172099 BH: 1417653
1 @ 25.00 = 25.00 ASSUM NAME # 2

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