FILED EFFECTIVE

09 DEC -



Printed Name:

Capacity/Title:__

e: <u>Member Hand</u>
(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

5B Cross F	+
. The true name(s) and business address business under the assumed business Name 58 Strength (Conditioning LLC)	
W88639	
	_ 21 Comet Lane, unit A. Harky 10
. The general type of business transacte	d under the assumed business name is:
☐ Retail Trade ☐ Transports ☐ Wholesale Trade ☐ Construct	ation and Public Utilities ion
Services Agricultur Manufacturing Mining Finance, Insurance, and Real Es	Assumed Business
The name and address to which future correspondence should be addressed: 5 B Cross FI+	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
P.O. Box 4257	(208) 334-2301
Harky, 10 83333	·
 Name and address for this acknowled copy is (if other than # 4 above). 	gment
	Secretary of State use only

IDAHO SECRETARY OF STATE

CK: 1092 CT: 242651 BH: 1197291 1 8 25.00 = 25.00 ASSUM NAME # 3

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