

# CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO, APR 7 2 28 PM '97  
Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE

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

THE FITNESS SPECIALIST

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

SHANNON C. VAUGHN - KUPERUS 5431 SOUTH VERONICA PLACE

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input 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): \_\_\_\_\_

SHANNON C. VAUGHN - KUPERUS  
5431 SOUTH VERONICA PLACE  
BOISE, IDAHO 83716-6868

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
DATE 04/07/1997  
0900 80376 2  
CK #: 1608 CUST# 79451  
ASSUM NAME 10 20.00= 20.00

Signature: Shannon C. Vaughn-Kuperus

Printed Name: SHANNON C. VAUGHN - KUPERUS

Capacity: \_\_\_\_\_

(see instruction # 8 on back of form)