



# 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**

**2015 MAY - 1 PM 2: 28**

**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:

XrossWay

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

Name

Complete Address

XrossWay Fitness, LLC (W151162)

1385 Parkview Dr., Suite 102, Twin Falls, ID 83301

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

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

XrossWay Fitness  
1385 Parkview Dr., Suite 102  
Twin Falls, Idaho 83301

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

\_\_\_\_\_  
\_\_\_\_\_

Signature:

Printed Name: Clinton Lutz

Capacity/Title: Executive Director of Manager

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE

**05/01/2015 05:00**

CK:137847 CT:1177 BH:1473665  
1@ 25.00 = 25.00 ASSUM NAME #4

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