

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Peak One Brazilian Jiu-Jitsu Academy

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

Name	Complete Address
<u>Dean Heileman</u>	<u>2641 Sagebrush Dr.</u>
<u></u>	<u>Twin Falls, ID 83301</u>
<u></u>	<u></u>

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): _____

2641 Sagebrush Dr.
Twin Falls, ID 83301

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

D.L. Evans Bank
P.O. Box 87
Twin Falls, ID 83301

Signature: X Dean Heil

Printed Name: Dean Heilman

Capacity: manager / owner

(see instruction # 3 on back of form)

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

01/07/2000 09:00
CK: 966913 CT: 124989 BH: 279595

1 @ 20.00 = 20.00 ASSUM NAME # 2

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