

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

JEROME HEALTH AND FITNESS	3		
The true name(s) and business address(e business under the assumed business name to business address(e business address).			
Name	Complete Address 240 S LINCOLN		
SCOTT A WORTHINGTON		JEROME ID 83338	
3. The general type of business transacted u	nder the a	assumed business name is:	
Retail Trade Transportation Wholesale Trade Construction		olic Utilities	
X ServicesManufacturingMiningFinance, Insurance, and Real Estate)	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
The name and address to which future correspondence should be addressed:		Secretary of State 700 West Jefferson Basement West	
JEROME HEALTH AND FITNESS 51 EAST 300 NORTH JEROME ID 83338		PO Box 83720 Boise ID 83720-0080 208 334-2301	
Name and address for this acknowledgm copy is (if other than # 4 above):	ent	Phone number (optional):	
DL EVANS BANK 980 S LINÇOLN		Secretary of State use only	
JEROME ID 83378	rpitormsiabn formsiabn p65 Revised 04/2003		
Signature: Signature (Signature (Mighature (1/2003		
Printed Name: SCOTT A WORTHINGTON	formstabn form: Revised 04/2003	IDAHO SECRETARY OF STATE	
Canacity/Title: OWNER	rp)foi	05/13/2005 05:0	

CK: 9881376 CT: 158918 BH: 818359 1 8 25.99 = 25.88 ASSUM NAME # 2

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