

Printed Name: Cind

Capacity/Title: Owner

(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.

2004 AUG -2 A 11: 30

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

NOTE: See instructions on reverse b 1. The assumed business name which the business is:	undersigned use(s) in the transaction of
Fitness4me	
The true name(s) and business address(state business under the assumed business name Name Cindy Rhode	es) of the entity or individual(s) doing Complete Address 592 NW 15th Street
	Meridian ID 83642
Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Cindy Rhode 592 NW 15TH STREET Meridian ID 83642	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional):
R GCAAMAL II	208 846 8689
Research Unlimited, Inc. 3730 East Clement Road	

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IDAHO SECRETARY OF STATE

08/02/2004 05:00

CK: 5873 CT: 158863 BH: 758594
1 0 25.00 = 25.00 ASSUM NAME # 2

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