Capacity: Owners

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO SECURITION OF STATE OF IDAHO To the SECRETARY OF STATE, STATE OF IDAHO To the SECRETARY OF STATE, STATE OF IDAHO SECURITION OF STATE OF IDAHO TO THE SECRETARY OF STATE OF IDAHO TO THE SECRETARY OF STATE OF IDAHO SECURITION OF STATE OF IDAHO TO THE SECRETARY OF STATE OF IDAHO TO THE SECRETARY OF STATE OF IDAHO SECURITION OF STATE OF IDAHO TO THE SECRETARY OF STATE OF IDAHO TO THE SECRETARY OF STATE OF IDAHO SECURITION OF STATE OF IDAHO TO THE SECRETARY OF STATE OF IDAHO SECURITION OF STATE OF IDAHO SECURI			
Pursuant to Section 53-504, Idaho Code, the undersigned of STATE gives notice of adoption of an Assumed Business Name.			
1.	1. The assumed business name which the undersigned use(s) in the transaction of business is: Fitness Solutions		
	titness)	olut	LOVIS
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Jeanne 6.0150n P.O. Box 664		
	Nick Olson Rivie, ID. 83443		
	71 N. 4500 E.		
3.	The general type of business transacted under the assumed business name is:		
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Fin	insportation and Public Utilities ance, Insurance, and Real Estate ning
4.	The name and address to which future correspondence should be addressed:		Submit Certificate of Assumed Business
	Jeanne Olson		Name and \$20.00 fee to:
	P.O. Box 669		Secretary of State
	Birie, ID. 83443		700 West Jefferson Basement West
5	. Name and address for this acknowledgment		PO Box 83720
	CODY is (if other than # 4 above):		Boise ID 83720-0080 208 334-2301
		1	DONO SERRESONA OL SLIGHEnse oulà
		. 0	/11/1999 @9:@@
	Wicky J. Olson	Revision 2/9	29.88 = 28.86 ASSUM NAME # 2
Signature: Osan Da 1991			D21991
Printe	ed Name: Veanne 6, Olson	and no	