CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)			
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 business is: **Physique Fitness**		
2.	2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	<u>Name</u> Emily A. Knowles	Complete Address アの Bの683	
		-	m. ID 83340
3.	The general type of business transacted u (mark only those that apply)	nder the assu	ımed business name is:
\ -	Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Fir	ansportation and Public Utilities nance, Insurance, and Real Estate ning
4.	The name and address to which future correspondence should be addressed:		
	SAME as above.		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgme copy is (if other than # 4 above): Brank of America ROD AMERICA	:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	POBOX 299 Susan Morgan S	MONE -	Secretary of State use only
	Ketchum, 10 83340	Revision 2/87	IDAHO SECRETARY OF STATE
Signature: Mile Moule CK: 378=69141995 CT: 136844 BH: 348617			
Printed Name: From A Wyones 1 # 28.88 = 29.88 ASSUM NAME # 2			
Capacity: Ount of			
•	(see instruction # 8 on back of form)	g.kanpita.	D38996