



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 MAR 14 AM 10:50

SECRETARY OF STATE
STATE OF IDAHO

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

TRAIN SMART HEALTH AND FITNESS ACADEMY

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

TAYLOR RONALD NELSON 1336B N. MOONGLOW LN POCATELLO ID 83202
(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Construction	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

TAYLOR R. NELSON

(Name)

1336B N. MOONGLOW LN

(Address)

POCATELLO ID 83202

(City)

(State)

(Zipcode)

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

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: TAYLOR R. NELSON

Signature: Taylor Nelson

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/15/2016 05:00

CK:4137 CT:156010 BH:1518646
10 25.00 = 25.00 ASSUM NAME #2

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