

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

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

(see instruction # 8 on back of form)

Total Health &	Fitness
The true name(s) and business address(es) of business under the assumed business name:	the entity or individual(s) doing Complete Address 150 South Main #17 150 South Main #17 MALAD ID 83253
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture	
 Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
Anita H. Jeppsen 196 N 70 E Malad, ID 83252	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional):(208)766-4028
58	Secretary of State use only
ignature: Line Anita H. Jeppsen apacity/Title: Owner	IDAHO SECRETARY OF STATE
rinted Name: Anita H. Jeppsen apacity/Title: Owner	03/0//0004 03:(
(see instruction # 8 on back of form)	CK: 9720 CT: 158010 BH: 76 1 0 25.00 = 25.00 ASSUM N