9/21/2012



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2013 APR 18 AM 9: 26

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

| 1. | The assumed business name which the unbusiness is: | ıdersigne | d use(s) in the transaction of | |
|---------|--|---|--|---|
| | Sun Valley Crossfit | | | |
| 2. | The true name(s) and <u>business</u> address(esbusiness under the assumed business name Name 5B Strength and Conditioning, LLC (W8639) | ns) of the entity or individual(s) doing me: <u>Complete Address</u> PO Box 1740, Hailey, ID 83333 | | |
| 3. | The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | n and Pub | | |
| 4. | The name and address to which future correspondence should be addressed: Alex Margolin POB 17440 4626 | | Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 | |
| Letchur | -Halley, ID \$3\$\$\$ \$340 | | 200 334-2301 | |
| 5. | Name and address for this acknowledgmer copy is (if other than # 4 above): | nt | Secretary of State use only | |
| Signa | ture: | | | |
| Printe | d Name: Alex Margolin | | | |
| Signa | city/Title: Member 5B Strength & Conditioning ture: | | IDAHO SECRETARY OF STATE 04/18/2013 05:00 CK: 3035 CT: 159456 BH: 1370071 1 0 25.00 = 25.00 ASSUM MANE # | 2 |
| Capa | city/Title: | | D162654 | |
| 12012 | abn.pmd Rev. 077 | 2010 | 1/10/201 | |