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CERTIFICATE OF	FILED EFEN
ASSUMED BUSINESS NAM	ME 08 DEC 24 AM 8: 32
Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business	signed SECRETARY DE CTA
Please type or print legibly. NOTE: See instructions on reverse before filing	VIAIE OF IDAHO
1. The assumed business name which the undersign business is: Fit Physique	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the	entity or individual(s) doing
business under the assumed business name: Name	Complete Address
Flex Fitness Inc. 631	3 NI. Clover Cale #155
Flex Fitness, Inc. 621 (C163472) Bo	se Id. 33713
3. The general type of business transacted under the assumed business name is:	
 Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: <u>Fit Physique</u> <u>Boise</u> <u>TD</u> <u>S37/3</u> Name and address for this acknowledgment copy is (if other than #4 above): 	ublic Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
	Secretary of State use only
Signature: <u>Aym Stow</u> (algnature required) Printed Name: <u>Lywn Strond</u> Capacity/Title: <u>Pastnen (ownen</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 12/24/2008 05:00 CK: 1032 CT: 232520 BH: 1149578 1 8 25.00 = 25.00 ASSUM NAME #
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