



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 APR -3 PM 12: 15

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

DELTA FITNESS CENTER

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name
SFO EXPEDITING LLC

Complete Address
1349 GALLERIA DRIVE, #200

W61181

HENDERSON, NV 89014

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

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

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

SFO EXPEDITING LLC
1349 GALLERIA DRIVE, #200
HENDERSON, NV 89014

Phone number (optional):
(702) 433-9696

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

R.GLEN WOODS
1349 GALLERIA DRIVE, #200
HENDERSON, NV 89014

Signature:

Printed Name: STEPHEN R. HAMILE

Capacity/Title: MANAGER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
04/03/2007 05:00
CK: 1100894 CT: 172099 BH: 1044537
1 25.00 = 25.00 ASSUM NAME # 4

D110066