

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. Instructions are included on back of application.

2013 JUL 17 AM 9: 01

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is: Prosafe Professional Safety Training			
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:			
	Name		Complete Address	
	Peak Fitness LLC	268 S Str	eamleaf Ave	
	(W73467)	Star ID 83669		
3.	The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Agriculture			
	☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4.	The name and address to which future correspondence should be addressed: Prosafe Professional Safety Training 268 S. Streamleaf Ave Star ID 83669		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt		
Siona	ture: Anthron Phis		Secretary of State use only	
	ed Name: Anthony Blasick			
	city/Title: Owner			
•	ture:	-	IDAHO SECRETARY OF STATE	
-	Printed Name:		10HHU SECKE HART OF STATE 07/17/2013 05:00 CK: 2125 CT: 225041 BH: 1382382 1 9 25.00 = 25.00 ASSUM NAME # 2	
	Capacity/Title:			

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