



# 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.

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

SECRETARY OF STATE  
STATE OF IDAHO

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

Ultimate Fitness and Wellness

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

Name

Rebecca Lynn Fairchild

Complete Address

133 S 400 E, Rupert, ID 83350

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

<input checked="" 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:

Rebecca Lynn Fairchild

133 S 400 E

Rupert, ID 83350

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

Post Formations-MyCorporation.com

26520 Agoura Rd.

Calabasas, CA 91302

Phone number (optional):

Secretary of State use only

Signature:

(Signature required)

Printed Name: Rebecca Lynn Fairchild

Capacity/Title: Owner

(see instruction # 8 on back of form)

05/11/2007