## FILED EFFECTIVE

## 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.

NOTE: See instructions on reverse before filing.

2006 NOV 17 PM 12; 10

SECRETARY OF STATE STATE OF IDAHO

Fitne	ess For Life
The true name(s) and business address(e business under the assumed business na Name	
3. The general type of business transacted u	under the assumed business name is: on and Public Utilities
<ul> <li>Wholesale Trade</li> <li>✓ Services</li> <li>✓ Manufacturing</li> <li>✓ Mining</li> <li>✓ Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Fitness For Life	Secretary of State 700 West Jefferson Basement West PO Box 83720
2499 N Capecod Way Meridian, ID 83464	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than #4 above):	nent Phone number (optional):
	Secretary of State use only
nature: A.M. Kalakana M. Kindail  pacity/Title: Owner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF