CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)



(Flease type of print legibly. See instructions on reverse.)				
To Mar 21	To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.			
ECRITATINE assumed business name which the undersigned use(s) in the transaction of business is:				
	Ultimate Fitness			
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	<u>Name</u> <u>Co</u>		mplete Address	
	David A. Griffin	455W.	Main Street	
		Boise in	83702	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Fin	ansportation and Public Utilities ance, Insurance, and Real Estate ning	
4.	The name and address to which future correspondence should be addressed:			
	> 455 W. Main		Submit Certificate of	
	Street Boise Ja		Assumed Business Name and \$20.00 fee to:	
	83702		Secretary of State	
			700 West Jefferson	
5.	Name and address for this acknowledgmer COPy is (if other than # 4 above):	ıt	Basement West PO Box 83720	
	copy is (if other than # 4 above).		Boise ID 83720-0080	
			208 334-2301	
		-	Secretary of State use only	
		7872 m	IDAHO SECRETARY OF STATE	
0 :	4/1/	Revision 2/97	DATE 03/21/1997	
Signatu	ire:	44-	0900 75563 2 CK #: 1249 CUST# 78617	

Printed Name: _

Capacity:

(see instruction # 8 on back of form)

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