

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED

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

Ultrafit

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>Address</u>
<u>Healthspan, Inc.</u>	<u>927 E. Polston, Suite 101, Post Falls, ID</u>
<u>(C123456)</u>	<u>83854</u>

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

9. Services

See categories on the reverse

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

John Kalb, Ultrafit, 927 E. Polston, Suite 101,

Post Falls, ID 83854

Signed

John Kalb

By

John Kalb

Capacity

Director of Operations

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE

08/09/1999 09:00
CX: 1462 CT: 118953 BN: 248359

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 10/96

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