

Signature:_

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25,00.

FILED EFFECTIVE

1.	The assumed business name which the undersigned use(s) in the transaction of STATE Lat 45 Crossfit			
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1): Black Rock Holdings LLC 109 S Center St. Salmon, Id 83467			
	(Name)	(Address)		
	Kevin Wallingford	310 12th St. Salmon, ld 83467		
	(vurte)	നവനംടെ)		
	Kellen Miller	604 Hope St. Salmon, ld 83467		
	(Name)	(Address)		
	Maran.	A description		
3.	The general type of business transacted under the assumed business name is:			
	Retail TradeWholesale Trade	ConstructionAgriculture		Transportation and Public UtilitiesMining
	⊠ Services	Manufacturing	g	Finance, Insurance, and Real Estate
4.	Mailing address for future	e correspondence:	5.	Name and address for this acknowledgment copy is (if other than # 4):
	Black Rock Holdings			
	109 S Center St.			
	Access			Address
	Salmon	ld 83467		Contract to the contract to th
		्रिक्षकर्ते । प्रित्यक्षेत्रकर्ते		
Pr	inted Name: Kevin Walling	gford		Secretary of State use only
Sir	gnature:			TRANS ARADON NA CREATE
4				1DAHO SECRETARY OF STATE 06/05/2018 05:00
Printed Name: Kellen Miller				CK:CASH CT:358753 BH:1647220
Si	gnature July Mill	4		1@ 25.00 = 25.00 ASSUM NAME #2
Printed Name:				D 203198

Rev. 08/2015