



**CERTIFICATE OF ASSUMED BUSINESS NAME
(All Entities)**

State Form 30353 (R15 / 7-13)
Approved by State Board of Accounts, 2013
Indiana Code 23-15-1-1

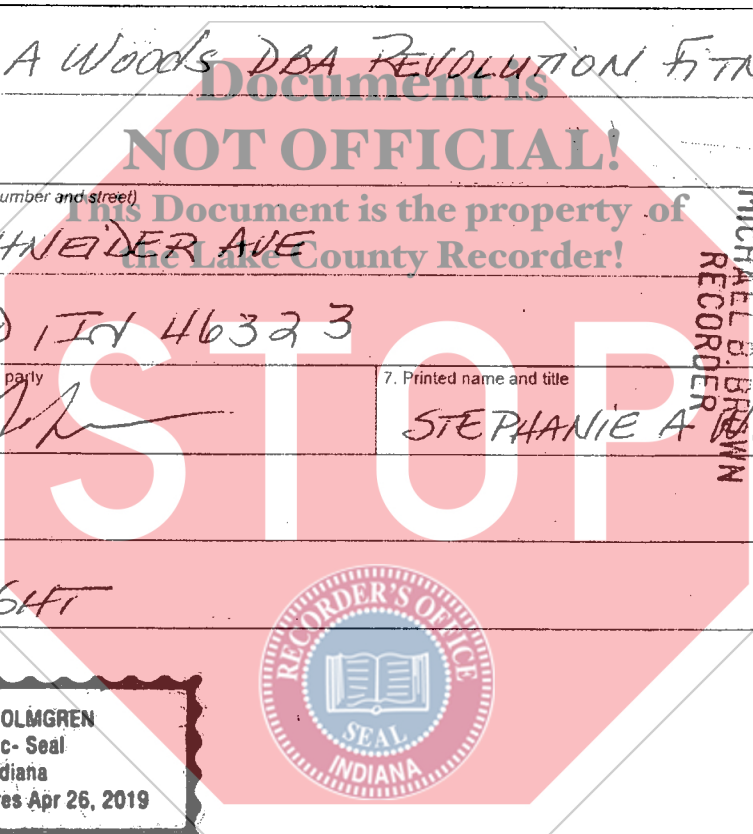
CONNIE LAWSON
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington Street, Room E018
Indianapolis, Indiana 46204
Telephone: (317) 232-6576

INSTRUCTIONS:

1. Use an 8 1/2" x 11" sheet of white paper for attachments.
2. Present original and one (1) copy to address in upper right corner of this form.
3. Please TYPE or PRINT.
4. Please visit our office on the web at www.sos.in.gov.

FILING FEES PER CERTIFICATE	
For-Profit Corporation, Limited Liability Company, Limited Partnership	\$30.00
Not-For-Profit Corporation	\$26.00

1. Name of entity <i>Revolution Fitness</i>	2. Date of incorporation / admission / organization (month, day, year) <i>2014 005037</i>
3. Address at which the entity will do business under the assumed name (number and street) <i>7050 SCHNEIDER AVE</i>	
City, state, and ZIP code <i>HAMMOND, IN 46323</i>	
4. Assumed business name(s) <i>Stephanie A Woods DBA REVOLUTION FITNESS</i>	
5. Principal office address of the entity (number and street) <i>7050 SCHNEIDER AVE</i>	
City, state, and ZIP code <i>HAMMOND, IN 46323</i>	
6. Signature of officer or other authorized party <i>[Signature]</i>	7. Printed name and title <i>STEPHANIE A WOODS</i>
This instrument was prepared by: <i>MARY WRIGHT</i>	



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 JAN 27 PM 17
MICHAEL B. BROWN
RECORDER

KATHERINE L. HOLMGREN
Notary Public - Seal
State of Indiana
My Commission Expires Apr 26, 2019

*12. -
CL 3338695
AN
NON-COM
CASA*