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CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed Bu Please type or print legibly. NOTE: See instructions on reverse befor	LUUG AFR 27 AFT 3: 03 usiness Name. SECRETARY OF STATE
 The assumed business name which the und business is: 	
Four Dog Inte	eractive Studio
 The true name(s) and business address(es) business under the assumed business name Name Heather Capps 	of the entity or individual(s) doing e: Complete Address 7507 N Trumpet Ln, Eagle ID 83616
 3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Heather Capps 7507 N Trumpet Ln Eagle, ID 83616 	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgmer copy is (if other than # 4 above): 	nt Phone number (optional): 208-286-9926
	Secretary of State use only
Signature:	1000000000000000000000000000000000000