CERTIFICATE OF ASSUMED BUSINESS TO THE FECTIVE (Please type or print legibly. See instructions on reverse.)	
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.	
The assumed business name which the undersigned use(s) in the transaction of business is:	
STUDIO EVO	LUE
<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li></ol>	
<u>Name</u>	Complete Address  118 N. BRIADWAY, BUHLID
ELIANA DUNLAP	manusqua traves 83316
PAUL OLSEN	MANUALYNORS BRIVE- (SAME ADDRESS)
3. The general type of business transacted under the assumed business name is:  (mark only those that apply)	
Retail Trade	Finance, Insurance, and Real Estate
4. The name and address to which future Phone number (optional): 543-9120 correspondence should be addressed:	
BUHL , TO 83316	Submit Certificate of Assumed Business Name and \$20.00 fee to:
STUDIO EVOLVE  Name and address for this acknowledge copy is (if other than # 4 above):	Secretary of State 700 West Jefferson nent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
SIGNAT: Jan Som	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE  94/17/2002 05:00  CK: 987 CT: 158010 BH: 459873  1 2 20.80 = 20.80 ASSUM NAME # 2