



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Evolve Technologies

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Michael Todd Metcalfe

Complete Address

21 West Kit Circle, Saint Anthony, ID 83445

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

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☒ Services ☐ Agriculture
☐ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

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

Michael T. Metcalfe

21 West Kit Circle, Saint Anthony, ID 83345

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

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-390-6033

Signature:

Michael T. Metcalfe
(signature required)

Printed Name:

MICHAEL TODD METCALFE

Capacity/Title:

OWNER

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

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IDaho SECRETARY OF STATE
05/10/2004 05:00
CK: 1033 CT: 158810 BH: 744200
1 @ 25.00 = 25.00 ASSUM NAME # 2