

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 MAR 31 AM 8: 28

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

Voope	Studios	
2. The true name(s) and business address(es business under the assumed business name  Name  Colton Shillow Evans	, , ,	# <sub>1</sub>
The general type of business transacted un	der the assumed business name is	**************************************
<ul> <li>Wholesale Trade</li> <li>Genvices</li> <li>Manufacturing</li> <li>Finance, Insurance, and Real Estate</li> </ul>	Submit Certificate of Assumed Business Name and \$25.00 fee to	):
The name and address to which future correspondence should be addressed:  Colton Shillow Evans	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
471 N 3435 E Lewisville, Idaho 83431	(208) 334-2301	
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt	
	Secretary of State use	oniy
ature: <u>Gelton Shillon hune</u> (elgrature required) ted Name: <u>Colton Shillow Evans</u>	Secure formation of the control of t	N

D138084