



# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2015 JUL 13 AM 10:16

SECRETARY OF STATE  
STATE OF IDAHO

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

Bow Buddy Bow Slings

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Michael J. Even

(Name)

630 19th ave

(Address)

Lewiston Id

(City)

83501

(State)

83501

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

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

☒ Retail Trade

☐ Wholesale Trade

☐ Services

☐ Construction

☐ Agriculture

☐ Manufacturing

☐ Transportation and Public Utilities

☐ Mining

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Michael Even

(Name)

630 19th ave

(Address)

Lewiston Id

(City)

(State)

(Zipcode)

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

Bow Buddy Bow Slings

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Michael J Even

Signature: Michael J Even

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

07/13/2015 05:00

CK:5050 CT:312304 BH:1483499

1@ 25.00 = 25.00 ASSUM NAME #2

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