

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

Instructions are included on back of application.

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1.	The assumed business name which the undersigned use(s) in the transaction of business is: Kootenai_Custom Bows pAccows			
2.	The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Jonathan Habbenan  Teresa Holdeman		entity or individual(s) doing  Complete Address  Sifferoof LN.  Decs Ferry ID 83805	
3.	The general type of business transacted unit of the property Retail Trade			
4.	The name and address to which future correspondence should be addressed: <u>Jonathan Holderan</u> <u>46 Bitterroot LN</u> Bonners Forev JD 83805		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t 		
			Secretary of State use only	
Signa	ture: Josephon Clarens			
Printe	ed Name: <u>Jonathan Holdeman</u>			
Capa	city/Title: <u>Owner</u>			
Signa	ture: 19849A Holdeman		IDAHO SECRETARY OF STATE	
Printed Name: Teresa Holdeman			94/16/2012 95:90 CK: 2461 CT: 158010 BH: 1319971 1 P 25.00 = 25.00 ASSUM NAME #	2
Capa	city/Title:		1 - L0100 - L0100 R0001 RME #	-

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