## FILED EFFECTIVE



Capacity/Title:

(see instruction # 8 on back of form)

## **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. SECREDARY OF STATE STATE OF IDAHO

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1. The assumed business name which the un	dersigned use(s) in the transaction of
business is:  AVALON WXURY	Detailing
2. The true name(s) and business address(es business under the assumed business name Name  Mke WHTTAKER	
3. The general type of business transacted ur	nder the assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080  (208) 334-2301
	Secretary of State use only
Signature: 128. (signature required)  Printed Name: MKe WHITAKER	Sed udas to be concretely of state

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