

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED/EFFECTIVE



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an Assumed Business Name.

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

White Glove Cleaning

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

Name	Complete Address
<u>Tanya Lynne Kay</u>	<u>11872 N High Moon Ct.</u>
	<u>Bathdram ID 83858</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Retail Trade        | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade     | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

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

Phone number (optional): \_\_\_\_\_

Tanya Lynne Kay  
11872 N High Moon Ct.  
Bathdram, ID 83858

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

BANK OF AMERICA  
APPLEWAY BRANCH #06503  
W. 501 Appleyway  
Coeur d'Alene, ID 83814  
(208) 667-3537

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

Printed Name: Tanya Lynne Kay

Capacity: Owner

(see instruction # 8 on back of form)

Submit Certificate of  
Assumed Business  
Name and \$20.00 fee to:

Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE  
07/18/2002 05:00  
CK: 101 CT: 162009 BH: 477785  
1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revision 2/97

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