

Printed Name: 101

(see instruction # 8 on back of form)

Capacity/Title:

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. 35 FEB 25 API 11: 30

Please type or print legibly, NOTE: See instructions on reverse before filing.

SECRETATE OF IDAHO

AMA Auto Detailin	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name. Name Anthony (Tony) michael Allen	Complete Address
. The general type of business transacted under	er the assumed business name is:
Retail Trade Transportation as Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate. The name and address to which future correspondence should be addressed: AMA Auto Oeta: Insurance Ama Aut	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 208-859-64/6
	Secretary of State use only

Corp!forms\abn forms\ab Revised 04/2003

IDAHO SECRETARY OF STATE 02/25/2005 05:00 CK: 485844 CT: 172899 BH: 795155 1 8 25.00 = 25.00 ASSUM MANE # 2