CERTIFICATE OF ADOPTION OF TRADE NAME

(To be filed with the Town Clerk)

TO THE TOWN CLERK OF AVON:

I am/we are conducting and transa	acting business in said Town of Avon under the
full name of:	
The Post Office address is:	
The full names of every person con	nducting or transacting said business together
with addresses of each person is:	
Name:	Address
Name:	Address
	LS
	LS
STATE OF CONNECTICUT COUNTY OF HARTFORD Personally appeared) ss Avon Date:
Who subscribed and swore to acknowledged that he/she/they exe	the truth of the foregoing certificate, and cuted the same before me.
	Title
Avon Town Clerk	