



ASSUMED NAME CERTIFICATE

Name of Business: _____

Physical Address of Business: _____

Mailing Address of Business: _____

Business is to be conducted as (mark one)

_____ Individual _____ General Partnership _____ Limited Partnership

_____ other (name type) _____

This Certificate is effective for a period not to exceed ten (10) years.

Certificate of Ownership

I/we, the undersigned, am/are the owner(s) of the above business and my/our name(s) and address(es) given is/are true and correct, and there is/are not ownership(s) in said business other than those listed herein below.

Printed Name & Title of Owner

Signature Of Owner

Printed Name & Title of Owner

Signature Of Owner

Printed Name & Title of Owner

Signature Of Owner

THE STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____ known to me or proved to me through _____ to be the person whose name is subscribed to the foregoing instrument an acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on _____, 20____

Notary
Notary Seal



THE STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____
known to me or proved to me through _____ to be the person whose name is
subscribed to the foregoing instrument an acknowledged to me that he/she/they executed the same for the purposes and
consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on _____, 20_____

Notary
Notary Seal



THE STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____
known to me or proved to me through _____ to be the person whose name is
subscribed to the foregoing instrument an acknowledged to me that he/she/they executed the same for the purposes and
consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on _____, 20_____

Notary
Notary Seal

