

State of North Carolina
County of _____

**CERTIFICATE OF ASSUMED NAME FOR A
SOLE PROPRIETORSHIP, PARTNERSHIP, LIMITED PARTNERSHIP**

1. The assumed name under which business will be conducted is:

2. This business is a (Check One)
_____ Sole Proprietorship _____ Partnership _____ Limited Partnership

3. Then name and address of all owners of said business are (owner for sole proprietorship; general partners for all partners):

IN WITNESS WHEREOF, this certificate is signed by each of the owners of said business,
this _____ day of _____, 20 ____.

State of North Carolina
County of _____

I, _____, a Notary Public in and for the County and State aforesaid, do hereby certify that _____ personally appeared before me this day and acknowledged the execution of the foregoing instrument for the purpose therein expressed.

Witness my hand and official seal this _____ day of _____, 20____

(Official Seal)

Notary Public

My Commission Expires: _____

State of North Carolina
County of _____

I, _____, a Notary Public in and for the County and State aforesaid, do hereby certify that _____ personally appeared before me this day and acknowledged the execution of the foregoing instrument for the purpose therein expressed.

Witness my hand and official seal this _____ day of _____, 20____

(Official Seal)

Notary Public

My Commission Expires: _____