

DOING BUSINESS UNDER ASSUMED NAME

CERTIFICATE NO. _____

I (We) do hereby certify that I am (we are), or intend to, conduct or transact a business under the assumed or designated name of _____, at the location address of _____.

I (We) further certify that the true full name or names of each person conducting or transacting said business is (are) as follows:

NAME	MAILING ADDRESS & PHONE NUMBERS
_____	_____
_____	_____
_____	_____

This certificate is being executed in compliance with the provisions of Arkansas Code Annotated 4-70-203.

Signed: _____

ACKNOWLEDGMENT

STATE OF ARKANSAS
COUNTY OF SALINE

On this day before me _____, the undersigned Notary Public duly commissioned and acting within and for the County and State aforesaid, personally appeared _____, to me personally known to be the identical person(s) whose name(s) is (are) affixed hereto, and who executed the above Certificate, and acknowledged that he (she) (they) executed the same for the uses and purposes therein contained and set forth.

Given under my hand and seal on this _____ day of _____ 20 ____.

Notary Public

(Seal)

Commission expires

FILED FOR RECORD on the _____ day of _____ 20 ____.
BUSINESS NAMES Book _____ Page _____
_____ DOUG CURTIS, County Clerk (SEAL)
By: _____, Deputy Clerk