

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

NAME	MAILING ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Signed: _____

ACKNOWLEDGEMENT

STATE OF ARKANSAS)
COUNTY OF GARLAND)

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 persons (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 this ____ day of _____, _____ (Notary Seal)

Notary Public

Commission Expires

SARAH SMITH, COUNTY CLERK

BY _____ Deputy Clerk (Clerk Seal)

FILED FOR RECORD on the date and time noted herein (File Mark)