TRUST AS OWNER         CERTIFICATE OF BUSINESS: FICTITIOUS FIRM NAME         * * *THIS CERTIFICATE EXPIRES:         (OFFICE USE ONLY)				
□ Renewal □ New Filing Contact Number:	Email:			
THE UNDERSIGNED do(es) hereby certify that				
conducting a			business at	
(Physical street address)	(City)	(State)	(Zip code)	
under the fictitious firm name of:				
and that said firm is composed of the following <i>trust(s)</i> whose	e trustee name	(s)and phy	sical address	
s/are as follows:				
Name of Trust				
Trustee Name				
Address,		,	,	
(Physical street address)	(City)	(State)	(Zip code)	
Trustee Name				
Address,,		(State)		
(Physical street address)	(City)	(State)	(Zip code)	
Alternate Mailing Address: (P.O. Box or Physical street address other than listed abo Prior Related DBA Filing (if applicable):	,, _,	,(State	,	
WITNESS my hand this day of	, 20	·		
Trustee Signature	Trustee Signature			
STATE OF }ss.				
On this day of, 20 personally	appeared before	re me, a No	otary Public,	
(Name of individual(s) whose signature is/are bein	g notarized)			
who acknowledged that he/she/they executed the above instrument	nt.			
IN WITNESS WHEREOF, I have hereunto set my hand	d and affixed n	ny official	stamp at my	
office in the County of the day and year in	this certificate f	ïrst above	written.	
For office use only				
IF SUBMITTING A NOTARIZED DOCUMENT, PLEASE PROVIDE AN ORIGINAL AND 3 COPIES, A <u>SELF-ADDRESSED STAMPED ENVELOPE</u> AND \$25.00 FILING FEE TO: WASHOE COUNTY CLERK 1001 E. Ninth Street, Bldg. A RENO, NV 89512	Signatur	e of Notary Pub	lic	

THE UNDERSIGNED do(es) hereby certify thatI AM/WE ARE         conducting aBRIEF DESCRIPTION OF THE TYPE OF BUSINESSbusiness at	TRUST AS OWN						
(OFFICE USE ONL)         Renewal       New Filing         THE UNDERSIGNED do(es) hereby certify thatIAM/WE ARE							
Renewal       New Filing         THE UNDERSIGNED do(es) hereby certify that       IAM/WE ARE         conducting a       BRIEF DESCRIPTION OF THE TYPE OF BUSINESS       business at         (Physical street address)       (City)       (State)       (Zip code)         under the fictitious firm name of:       NAME OF BUSINESS       and that said firm is composed of the following trust(s) whose trustee name(s) and physical address         is/are as follows:       EXACT NAME OF TRUST, INCLUDING DATE (F APPLICABLE)       (Zip code)         Trustee Name       (Physical street address)       (City)       (State)       (Zip code)         Trustee Name       (Physical street address)       (City)       (State)       (Zip code)         Address       (Physical street address)       (City)       (State)       (Zip code)         Trustee Name       (Physical street address)       (City)       (State)       (Zip code)         Attrustrefs MUST BE LISTED, WITH ADDRESSES, AND SIGN THE DOCUMENT       (Zip code)       (Zip code)       (Zip code)         Prior Related DBA Filing (I applicable):       (City)       (State)       (Zip code)       (Zip code)         Prior Related DBA Filing (I applicable):       UTNESS my hand this       day of       , 20       .         VITNESS my hand this       day of       , 20	* * *THIS CERTI						
conducting a	□ Renewal		(OFFICE USE ONEI)				
MO MAIL BOXES OR MAIL DROPS	THE UND	ERSIGNED do(es) h	nereby certify the	at	I AM/	WE ARE	
MO MAIL BOXES OR MAIL DROPS	conducting a	E	BRIEF DESCRIPTIO	N OF THE TYPE	OF BUSINES	S	business at
(Physical street address)       (City)       (State)       (Zip code)         under the fictitious firm name of:       NAME OF BUSINESS       (Address)       (Address)       (Address)       (City)       (State)       (Zip code)         and that said firm is composed of the following trust(s) whose trustee name(s) and physical address       is/are as follows:       (City)       (State)       (Zip code)         Name of Trust       EXACT NAME OF TRUST, INCLUDING DATE (IF APPLICABLE)       (City)       (State)       (Zip code)         Trustee Name       (Physical street address)       (City)       (State)       (Zip code)         Trustee Name       (Physical street address)       (City)       (State)       (Zip code)         Address       (Physical street address)       (City)       (State)       (Zip code)         Atternate Nailing Address:       (Physical street address other than listed above)       (City)       (State)       (Zip code)         Prior Related DBA Filing (if applicable):       (Pto). Box or Physical street address other than listed above)       (City)       (State)       (Zip code)         WITNESS my hand this       day of       , 20       .       .       .       .         Trustee Signature       State       State       .       .       .       .       .	<u> </u>						
under the fictitious firm name of:       NAME OF BUSINESS         and that said firm is composed of the following trust(s) whose trustee name(s) and physical address is/are as follows:         Name of Trust       EXACT NAME OF TRUST, INCLUDING DATE (IF APPLICABLE)         Trustee Name			<u>IL DROPS</u> ,	(City)		(State)	,(Zip code)
is/are as follows: Name of Trust	under the fictitious	s firm name of:	NA	ME OF BUSINES	s		
is/are as follows: Name of Trust	and that said firm	is composed of the	e following <i>trusi</i>	t(s) whose trus	tee name(s	) and <i>physic</i>	cal address
Trustee Name	is/are as follows:	I	6			, <b>I</b> . J	
Trustee Name	Name of Trust	EXACT	NAME OF TRUST,	INCLUDING DAT	TE (IF APPLIC	CABLE)	<b>.</b>
(City)       (State)       (Zip code)         Trustee Name	·						
(City)       (State)       (Zip code)         Trustee Name	Address						
Address      ,,,,,,,	11au c55	(Physical s	street address)	, ((	City)	(State)	(Zip code)
(Physical street address)       (City)       (State)       (Zip code)         ALL TRUSTEES MUST BE LISTED, WITH ADDRESSES, AND SIGN THE DOCUMENT For additional trust or trustees, please use additional pages       (City)       (State)       (Zip code)         Alternate Mailing Address:	Trustee Name						
ALL TRUSTEES MUST BE LISTED, WITH ADDRESSES, AND SIGN THE DOCUMENT For additional trust or trustees, please use additional pages Alternate Mailing Address: (P.O. Box or Physical street address other than listed above) (City), (State), (Zip code) Prior Related DBA Filing (if applicable): WITNESS my hand this day of, 20 Trustee Signature Trustee Signature STATE OF COUNTY OF } ss. On this day of, 20 personally appeared before me, a Notary Public, (Name of individual(s) whose signature is/are being notarized)	Address			,	,	,	
Alternate Mailing Address:	AL						(Zip code)
(P.O. Box or Physical street address other than listed above)       (City)       (State)       (Zip code)         Prior Related DBA Filing (if applicable):		For additional th	rust or trustees,	please use addi	tional page	S	
Prior Related DBA Filing (if applicable):	Alternate Mailing	Address:		,,		,	,
Trustee Signature       Trustee Signature         STATE OF	Prior Related DBA			r than listed above)	(City)	(State)	(Zip code)
Trustee Signature       Trustee Signature         STATE OF	Wľ	TNESS my hand this	s day of		, 20 _		
STATE OF							
COUNTY OF } ss. On this day of, 20 personally appeared before me, a Notary Public, (Name of individual(s) whose signature is/are being notarized)	Tru	Trustee Signature         Trustee Signature					
COUNTY OF } ss. On this day of, 20 personally appeared before me, a Notary Public, (Name of individual(s) whose signature is/are being notarized)							
(Name of individual(s) whose signature is/are being notarized)	COUNTY OF	} ss. <sup>N</sup>	<u>IOTARY MUST COI</u>	MPLETE LOWER I	<u>PORTION OF</u>	<u>THIS DOCUN</u>	<u>IENT</u>
	On this	day of	, 20	personally app	eared befor	e me, a Nota	ry Public,
		(Name of i	ndividual(s) whose sign:	ature is/are being notari	ized)		
	who acknowledge				- /		

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official stamp at my office in the County of \_\_\_\_\_\_ the day and year in this certificate first above written.

Signature of Notary Public

## \*\*\* SUBMIT ORIGINAL, THREE COPIES, AND \$25.00 FILING FEE \*\*\*

PURSUANT TO NRS 602.010 EVERY PERSON (OR ENTITY) DOING BUSINESS IN THIS STATE UNDER AN ASSUMED OR FICTITIOUS NAME THAT IS IN ANY WAY DIFFERENT FROM THE LEGAL NAME OF EACH PERSON (OR ENTITY) WHO OWNS AN INTEREST IN THE BUSINESS MUST FILE WITH THE COUNTY CLERK OF EACH COUNTY IN WHICH THE BUSINESS IS BEING CONDUCTED A CERTIFICATE CONTAINING THE INFORMATION REQUIRED BY NRS 602.020.

The purpose of the fictitious name statute is to prevent fraud and to inform the public of the true identity of those with whom the public conducts business.

## TO COMPLETE THE OWNER SECTION, IF AN OWNER IS:

**INDIVIDUAL(S):** STATE FULL NAME AND STREET ADDRESS OF EACH OWNER. OWNER MUST SIGN.

**<u>GENERAL PARTNERSHIP</u>**: STATE FULL NAME AND STREET ADDRESS OF EACH PARTNER. EACH PARTNER MUST SIGN.

TRUST: STATE FULL NAME OF THE TRUST AS IT APPEARS ON YOUR CERTIFICATE OF TRUST. STATE THE NAME AND STREET ADDRESS OF EACH TRUSTEE, AND DESIGNATE "TRUSTEE" AFTER EACH NAME. INCLUDE A COPY OF YOUR CERTIFICATE OF TRUST. ALL TRUSTEES MUST SIGN.

**<u>CORPORATION</u>**: STATE THE FULL CORPORATE NAME AND ADDRESS. STATE THE NAME AND TITLE OF THE PERSON SIGNING FOR THE CORPORATION. **ALL** corporations must be on file with the Nevada Secretary of State.

**<u>LIMITED LIABILITY COMPANY</u>**: STATE THE FULL LIMITED LIABILITY COMPANY NAME AND ADDRESS. STATE THE NAME AND TITLE OF THE PERSON SIGNING FOR THE LLC. **ALL** LLCs must be on file with the Nevada Secretary of State.

**LIMITED PARTNERSHIP**: STATE THE FULL LIMITED PARTNERSHIP NAME AND ADDRESS. STATE THE NAME AND TITLE OF THE PERSON SIGNING FOR THE LIMITED PARTNERSHIP. **ALL** limited partnerships must be on file with the Nevada Secretary of State.

**BUSINESS TRUST:** STATE FULL AND MAILING ADDRESS OF THE BUSINESS TRUST. STATE THE NAME AND TITLE OF THE TRUSTEE SIGNING FOR THE BUSINESS TRUST. **ALL** business trusts must be on file with the Nevada Secretary of State.

## PERSONS SIGNING THE CERTIFICATE ON BEHALF OF AN ENTITY, MUST HAVE THE AUTHORITY TO BIND THE OWNER TO A CONTRACT. NRS 602.020(2)(a)(2)

## ALL SIGNATURES MUST BE NOTARIZED

**HELPFUL INFORMATION:** 

\* ALL NEVADA CORPORATIONS, LIMITED LIABILITY COMPANIES, BUSINESS TRUSTS, LIMITED PARTNERSHIPS AND NON PROFIT ORGANIZATIONS MUST BE ON FILE WITH THE SECRETARY OF STATE OF NEVADA AND MUST BE IN "GOOD STANDING" STATUS.

\* POST OFFICE BOXES AND PRIVATE MAIL BOXES/DROPS CANNOT BE USED IN LIEU OF A STREET ADDRESS.

\* THE REAL ESTATE DIVISION REQUIRES PRIOR APPROVAL OF THE BUSINESS NAME.

\* IT IS SUGGESTED THAT CONTRACTORS HAVE NAME APPROVAL BY THE NEVADA CONTRACTORS BOARD PRIOR TO THIS FILING.

\* INSURANCE BUSINESSES MUST HAVE THE REQUIRED LICENSING, OR AN APPLICATION PENDING, WITH THE NEVADA DIVISION OF INSURANCE PRIOR TO THIS FILING.

\* FINANCE RELATED BUSINESSES MUST HAVE THE REQUIRED LICENSING, OR AN APPLICATION PENDING, WITH THE NEVADA DIVISION OF FINANCIAL INSTITUTIONS PRIOR TO THIS FILING.

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TO: