

CORPORATION, LLC, BUSINESS TRUST & LEGAL ENTITIES

CERTIFICATE OF BUSINESS: FICTITIOUS FIRM NAME

*** * *THIS CERTIFICATE EXPIRES 5 YEARS FROM FILE DATE * * ***
(If renewing, expires 5 years from original file date unless it has lapsed)

Renewal New Filing

THE UNDERSIGNED does hereby certify that _____ **IT IS** _____
conducting a _____ business
at _____, _____ (State) _____ (Zip code)
(Physical street address, City)
under the fictitious firm name of:

_____ and that said firm is composed of the following *legal entity* (or entities)* whose mailing address, signing officer's name, and title are as follows:

Legal Entity Name: _____
(Legal entity must state name exactly as it is on file in state of incorporation)

Entity Mailing Address: _____

Signing Officer Name: _____

Signing Officer Title: _____

FOR ADDITIONAL OWNERS, PLEASE USE ADDITIONAL PAGES

Alternate Mailing Address: _____
(PO Box or address other than one listed above)

Prior Related DBA Filing (if applicable): _____

WITNESS my hand this ____ day of _____, 20 ____.

The undersigned hereby swears under penalty of perjury that he/she has authority to sign on behalf of and to bind the above-named legal entity to a contract.

X _____
Signature of authorized officer

STATE OF _____ }
COUNTY OF _____ } ss.

On this ____ day of _____, 20 ____ personally appeared before me, a Notary Public,

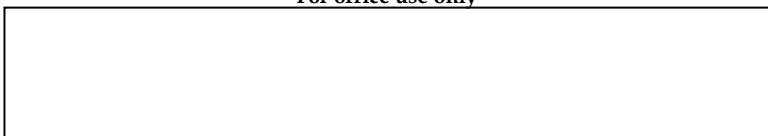
(Name of individual whose signature is being notarized)

who acknowledged that he/she executed the above instrument.

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

For office use only



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. ALL OWNERS MUST BE LISTED AND SIGN.

GENERAL PARTNERSHIP: (use form for individual or sole proprietor) STATE FULL NAME AND STREET ADDRESS OF EACH PARTNER. EACH PARTNER MUST SIGN.

TRUST: STATE FULL NAME OF THE TRUST. STATE THE NAME AND STREET ADDRESS OF EACH TRUSTEE, AND DESIGNATE "TRUSTEE" AFTER EACH NAME. ALL TRUSTEES MUST SIGN.

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

LIMITED LIABILITY COMPANY: STATE THE FULL LIMITED LIABILITY COMPANY NAME AND ADDRESS. STATE THE NAME AND TITLE OF THE PERSON SIGNING FOR THE LLC. *Nevada LLC's must be on file with 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. *Nevada limited partnerships must be on file with 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. *Nevada business trusts must be on file with 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:

- * MULTIPLE OWNERS SHOULD ALL BE LISTED AND ALL SIGN ON THE SAME DOCUMENT.
- * 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.

PLEASE SUBMIT AN ORIGINAL AND 3 COPIES, A SELF-ADDRESSED STAMPED ENVELOPE AND \$20.00 FILING FEE TO:

WASHOE COUNTY CLERK
P.O. BOX 30083
RENO, NV 89520-3083

QUESTIONS? CALL (775) 328-3270

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CERTIFICATE OF BUSINESS: FICTITIOUS FIRM NAME

*****THIS CERTIFICATE EXPIRES 5 YEARS FROM FILE DATE*****

(If renewing, expires 5 years from original file date unless it has lapsed)

Renewal New Filing

THE UNDERSIGNED does hereby certify that _____ IT IS _____

conducting a _____ **BRIEF DESCRIPTION OF THE TYPE OF BUSINESS** _____ business

at _____ **NO MAIL BOXES OR MAIL DROPS** _____, _____ (State) _____ (Zip code)
(Physical street address, City)

under the fictitious firm name of:

_____ **NAME OF BUSINESS** _____

and that said firm is composed of the following *legal entity** (or entities) whose mailing address, signing officer's name, and title are as follows:

Legal Entity Name: _____ **EXACT LEGAL ENTITY NAME** _____
(Legal entity must state name exactly as it is on file in state of incorporation)

Entity Mailing Address: _____

Signing Officer Name: _____

Signing Officer Title: _____

FOR ADDITIONAL OWNERS, PLEASE USE ADDITIONAL PAGES

Alternate Mailing Address: _____
(PO Box or address other than one listed above)

Prior Related DBA Filing (if applicable): _____

WITNESS my hand this _____ day of _____, 20 ____.

The undersigned hereby swears under penalty of perjury that he/she has authority to sign on behalf of and to bind the above-named legal entity to a contract.

X _____
Signature of authorized officer

STATE OF _____ }
COUNTY OF _____ } ss.

NOTARY MUST COMPLETE LOWER PORTION OF THIS FORM

On this _____ day of _____, 20 ____ personally appeared before me, a Notary Public,

(Name of individual whose signature is being notarized)

who acknowledged that he/she executed the above instrument.

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 \$20.00 FILING FEE *****