

CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

Commonwealth of Virginia

This is to certify that the below named person, partnership, limited liability company or corporation intends to conduct or transact business under an assumed or fictitious name in the [] City [] County of Madison .

1. The ASSUMED OR FICTITIOUS NAME of business

2. The above business is owned by the following entity type:

[] SOLE PROPRIETORSHIP (Complete A below) [] PARTNERSHIP (Complete B below)

[] LIMITED LIABILITY COMPANY (Complete C below) [] CORPORATION (Complete C below).

A. NAME OF OWNER

RESIDENCE ADDRESS

POST OFFICE ADDRESS

B. NAME OF PARTNERSHIP

OFFICE ADDRESS

POST OFFICE ADDRESS

(1) Is this a general partnership? [] NO [] YES. If YES, complete the Statement of Partners on Page Two of Two.

(2) Is this a domestic limited partnership? [] NO [] YES. If YES, a certified copy of this certificate must be filed with the State Corporation Commission. Va. Code § 59.1-70.

(3) Is this a foreign limited partnership? [] NO [] YES. If YES, indicate the date of the certificate of registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission:

.....

A certified copy of this certificate must be filed with the State Corporation Commission. Va. Code § 59.1-70.

C. NAME OF [] CORPORATION [] LIMITED LIABILITY COMPANY

OFFICE ADDRESS

POST OFFICE ADDRESS

(1) A corporation or limited liability company must file a certified copy of this certificate with the State Corporation Commission. Va. Code § 59.1-70.

(2) Is this a foreign corporation or a foreign limited liability company? [] NO [] YES. If YES, indicate the date of the certificate of authority/registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission:

.....

ACKNOWLEDGMENT

I certify that the foregoing is true and correct to the best of my knowledge and belief.

Sole Proprietorship

NAME OF OWNER

SIGNATURE OF OWNER

Partnership

NAME OF GENERAL PARTNER

SIGNATURE OF GENERAL PARTNER

Corporation

NAME OF PRESIDENT

SIGNATURE OF PRESIDENT

Limited Liability

Company

NAME OF MEMBER/MANAGER

SIGNATURE OF MEMBER/MANAGER

[] City [] County of State/Commonwealth of

Subscribed and acknowledged before me , this day of, 20 by

NAME

TITLE

My commission expires

[] CLERK/DEPUTY CLERK [] NOTARY PUBLIC

Registration No.

CLERK'S OFFICE

Filed in the Clerks' Office of the Circuit Court on

..... DATE

....., Clerk by, Deputy

STATEMENT OF PARTNERS

This is to certify that the below named persons intend to carry on business under an assumed or fictitious name as partners in the

[] City of [] County of , and that the following is a list of every person owning the GENERAL PARTNERSHIP set forth on the front of this certificate.

..... PRINTED NAME (LAST, FIRST, MIDDLE) SIGNATURE

..... RESIDENCE ADDRESS

[] City [] County of State/Commonwealth of

Subscribed and acknowledged before me this day of , 20

by NAME TITLE

..... [] NOTARY PUBLIC [] CLERK/DEPUTY CLERK

My commission expires Registration No.

..... PRINTED NAME (LAST, FIRST, MIDDLE) SIGNATURE

..... RESIDENCE ADDRESS

[] City [] County of State/Commonwealth of

Subscribed and acknowledged before me this day of , 20

by NAME TITLE

..... [] NOTARY PUBLIC [] CLERK/DEPUTY CLERK

My commission expires Registration No.

..... PRINTED NAME (LAST, FIRST, MIDDLE) SIGNATURE

..... RESIDENCE ADDRESS

[] City [] County of State/Commonwealth of

Subscribed and acknowledged before me this day of , 20

by NAME TITLE

..... [] NOTARY PUBLIC [] CLERK/DEPUTY CLERK

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