CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

This is to certify that the below named person, partnership, limited liability company, or corporation intends to conduct or transact business in the [ ] City [ ] County of

.....

under an assumed or fictitious name.

1. The ASSUMED OR FICTITIOUS NAME of business:
   NAME: .....
2. The above business is owned by the following entity type
   [ ] SOLE PROPRIETORSHIP (Complete A below) [ ] PARTNERSHIP (Complete B below)
   [ ] LIMITED LIABILITY COMPANY [ ] 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 reverse side
   (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. § 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 §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. § 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.

A. Sole Proprietorship ..... NAME OF OWNER _____ SIGNATURE OF OWNER

B. Partnership ..... NAME OF GENERAL PARTNER _____ SIGNATURE OF GENERAL PARTNER

C. Corporation ..... NAME OF PRESIDENT _____ SIGNATURE OF PRESIDENT

D. Limited Liability Company
..... NAME OF MEMBER/MANAGER _____ SIGNATURE OF MEMBER/MANAGER

[ ] City [ ] County of .....
Acknowledged, subscribed and sworn to before me this ..... day of ....., 20.....

My commission expires ..... _____
[ ] CLERK/DEPUTY CLERK [ ] NOTARY PUBLIC

CLERK'S OFFICE
Filed in the Clerks' Office of the ..... Circuit Court on .....
DATE

....., Clerk by _____ Deputy Clerk

FORM CC-1417 (MASTER, PAGE ONE OF TWO) REVISED 5/05
VA. CODE § 59.1-69

STATEMENT OF PARTNERS

This is to certify that the below named persons intend to carry on business as partners in the [ ] City of [ ] County of ..... under an assumed or fictitious name, 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

Commonwealth of Virginia

County/City of ..... :

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

My commission expires..... _____

[ ] NOTARY PUBLIC [ ] CLERK/DEPUTY CLERK

..... _____

PRINTED NAME (LAST, FIRST, MIDDLE) SIGNATURE

.....

RESIDENCE ADDRESS

Commonwealth of Virginia

County/City of ..... :

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

My commission expires..... _____

[ ] NOTARY PUBLIC [ ] CLERK/DEPUTY CLERK

..... _____

PRINTED NAME (LAST, FIRST, MIDDLE) SIGNATURE

.....

RESIDENCE ADDRESS

Commonwealth of Virginia

County/City of ..... :

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

My commission expires..... _____

[ ] NOTARY PUBLIC [ ] CLERK/DEPUTY CLERK

..... _____

PRINTED NAME (LAST, FIRST, MIDDLE) SIGNATURE

.....

RESIDENCE ADDRESS

Commonwealth of Virginia

County/City of ..... :

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

My commission expires..... _____

[ ] NOTARY PUBLIC [ ] CLERK/DEPUTY CLERK