

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