

ASSUMED NAME CERTIFICATE

I (we) hereby certify that I (we) intend to operate a business under the assumed or designated name of _____, address, _____, and I (we) further certify that the true full name(s) of parties interested in the conducting and transacting of said business are as follows:

1: _____ Address _____

2: _____ Address _____

3: _____ Address _____

This certificate is being executed in compliance with the provisions of Act 11 of 1943 (A.C.A. 4-70-203) of the Arkansas Code of 1987 Annotated.

1: _____

2: _____

3: _____

ACKNOWLEDGEMENT

State of Arkansas
County of Van Buren

On this ____ day of _____, 2015, personally appeared, _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledge that he/she executed the same for the purposes therein contained.

My Commission Expires _____

DL: _____

Notary Public