

State of North Carolina
County of Buncombe

CERTIFICATE OF ASSUMED NAME FOR A LIMITED LIABILITY CO

(1) The assumed name under which business will be conducted is:

(2) The name and address of the LLC that owns the business listed:

IN WITNESS WHEREOF, this certificate is signed by an officer of said LLC,
this _____ day of _____, 20_____.

Name of LLC

Signature of Officer and Title

State of North Carolina
County of Buncombe

I, _____, a Notary Public in and for the County and State aforesaid,

do hereby certify that _____
(Name/Title)

this day personally appeared before me and acknowledged the execution of the foregoing
instrument for the purpose therein expressed.

Witness My Hand and Official Seal this _____ day of _____, 20_____.

My Commission Expires:

Notary Public