

State of North Carolina
County of Buncombe

**CERTIFICATE OF ASSUMED NAME FOR A
SOLE PROPRIETORSHIP, PARTNERSHIP, LIMITED PARTNERSHIP**

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

(2) This business is a (CHECK ONE):

Sole Proprietorship Partnership Limited Partnership

(3) The name and address of all owners of said business are (owner for sole proprietorship or general partners for all partnerships):

IN WITNESS WHEREOF, this certificate is signed by each of the owners of said business, this _____ day of _____, 20_____.

_____/_____
_____/_____

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