

State of North Carolina  
County of Buncombe

**CERTIFICATE OF ASSUMED NAME FOR A CORPORATION**

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

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

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IN WITNESS WHEREOF, this certificate is signed by an officer of said corporation, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Signature of Corporate 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