

**Certificate of Persons Conducting Business
Under an Assumed Name**

I (We) do hereby certify that I am (we are) or intend to operate a business under the following assumed or designated name:

Name of Business _____

Business Address: _____

Telephone Number: _____

And I (we) certify that the true and full name(s) of the person(s) with an interest in the conduction or transaction of business under this name is (are) as follows:

Name _____ Mailing Address _____

Name _____ Mailing Address _____

This certificate being executed in compliance with the provisions of Act 11 of 1943 (A.C.A. 4-70-203 et. seq.)

Signature _____ Date _____

Signature _____ Date _____

Acknowledgement

State of Arkansas
County of Sebastian

On this _____ day of _____, 20__ before me, the undersigned officer, personally appeared, _____, known to me (or satisfactorily proven) to be the person(s) described in the foregoing certificate. And acknowledged that he/she executed the same in the capacity therein stated and for purposes therein contained. Subscribed and sworn to before me this _____ day of _____, 20__.

(seal)

Notary Signature
_____ Expiration Date