

# DOING BUSINESS UNDER ASSUMED NAME

CERTIFICATE No. \_\_\_\_\_

I (We) do hereby certify that I am (we are), or intend to, conduct or transact a business under the assumed or designated name of \_\_\_\_\_.

at the location address of \_\_\_\_\_

and I (we) further certify that the true full name or names of each person conducting or transacting said business is (are) as follows:

NAME

MAILING ADDRESS

_____	_____
_____	_____
_____	_____

This Certificate is being executed in compliance with the provisions of Arkansas Code Annotated 4-70-203.

Signed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACKNOWLEDGMENT

STATE OF ARKANSAS )

COUNTY OF \_\_\_\_\_ )

On this day, before me the undersigned, \_\_\_\_\_ Notary Public duly commissioned and acting within and for the County and State aforesaid, personally appeared \_\_\_\_\_ to me personally known to be the identical person(s) whose name(s) is (are) affixed hereto, and who executed the above Certificate, and acknowledged that he (she) (they) executed the same for the uses and purposes therein contained and set forth.

Given under my hand and seal on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)

\_\_\_\_\_  
Commission expires

FILED FOR RECORD on the date and time noted herein

BUSINESS NAMES Book \_\_\_\_\_ Page \_\_\_\_\_

\_\_\_\_\_  
SARAH SMITH COUNTY CLERK (SEAL)

BY \_\_\_\_\_ Deputy Clerk