

ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)

Please print legibly.

1. The assumed business name is:

(You may include no more than five (5) assumed business names on this form.)

2. The real name of the person or entity engaging in business under the assumed business name is:

(Corporations, LLC's, limited partnerships must provide the exact name registered with the NC Secretary of State's office and the SOSID number assigned at the time of formation. Go to www.sosnc.gov/br/search to look up your information.)

3. The nature/type of the business is: _____

4. The street address of the principal place of business is: (PO Boxes are not acceptable)

5. The mailing address, if different from the street address, is:

6. The counties where the assumed business name will be used to engage in business are:

All 100 North Carolina counties

This certificate is signed by the owner/legal representative of the person or entity named above,
this _____ day of _____, 20_____.

Signature: _____

Printed/Typed Name: _____

Title: _____

(See instructions for who must sign for various business entity types.)