

CERTIFICATE

No. _____

DOING BUSINESS UNDER ASSUMED NAME

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 _____, _____.

(Seal)

Notary Public

My commission expires:

FILED FOR RECORD on the date and time noted herein

BUSINESS NAMES Book _____ Page _____

COUNTY CLERK (SEAL)

BY _____ Deputy Clerk