



*Douglas County
Clerk-Treasurer's office*

FILED

NO. _____ Date: _____

By: _____ Deputy Clerk

Douglas County Clerk's office

Certificate of Business: Fictitious Firm Name- Address Change

The expiration date for certificate shall remain five years from the original date of filing.

Original Certificate File Number: _____

Fictitious Firm Name: _____

Type of Change: (Circle One)

- Mailing address of owner. Provide owner name : _____
- Mailing address of business
- Residential address of owner. Provide owner name: _____
- Residential address of business

From: _____
Residential or Mailing Address City, State, Zip

To: _____
Residential or Mailing Address City, State, Zip

Signed By: _____
Full Name of Authorized Signer Signature Date

Comments: _____

