



Douglas County
Clerk-Treasurer's office

FILED

NO. Date:
By: Deputy Clerk
Douglas County Clerk's office

Certificate of Business: Fictitious Firm Name

The expiration date for such certificates shall expire after five years from the date of filing.

Please Select One:

- New Application
Renewal of existing Fictitious Firm Name

The undersigned do/does hereby certify that they are conducting business in Douglas County, Nevada, under the

Fictitious Firm Name:

Business Address:

And that business is being conducted as:

- A Natural Person
An Artificial Person
A General Partnership
A Trust
A Series LLC (must use Series LLC Certificate- not this form)

By the following person(s) whose name(s) and address(es) are as follows:

Signed By: Full Name of Authorized Signer Signature (Must be signed before a Notary Public)

Street Address of Business or Residence City, State, Zip

Mailing Address (Required if different than address above) City, State, Zip

Signed By: Full Name of Authorized Signer Signature (Must be signed before a Notary Public)

Street Address of Business or Residence City, State, Zip

Mailing Address (Required if different than address above) City, State, Zip

By signing above, I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.

For additional signatures, please use additional pages

STATE OF }
COUNTY OF } SS:

This instrument was acknowledged before me on (Date)

by (Name of individual(s) whose signature(s) is/are being notarized)

Signature of Notary Public
Page of