For Office Use Only

Expires on _____, 2_____
Certificate No. _____

CERTIFICATE OF BUSINESS: FICTITIOUS FIRM NAME

(Include: Filing fee of $20.00)

Please Select One:
- ☐ New Application
- ☐ Renewal of existing fictitious firm name
- ☐ Add an individual or corporation

Please Print or Type

THE UNDERSIGNED do_____ hereby certify that _____ conducting a _____ business at _____, Nevada under the fictitious firm name of
(Physical Location)

_____
(FICTITIOUS BUSINESS NAME)

with a mailing address of: _____ and that said firm is composed of the following person____ whose name___ and address___ are as follows, to-wit:

(1) _____
(FULL NAME- TYPE/PRINT)
_____
(ADDRESS)
_____
(CITY, STATE & ZIP)

(2) _____
(FULL NAME - TYPE/PRINT)
_____
(ADDRESS)
_____
(CITY, STATE & ZIP)

(3) _____
(FULL NAME- TYPE/PRINT)
_____
(ADDRESS)
_____
(CITY, STATE & ZIP)

(4) _____
(FULL NAME - TYPE/PRINT)
_____
(ADDRESS)
_____
(CITY, STATE & ZIP)

WITNESS _____ hand____ this _____ day of _____, 2_____

(1) _____ (2) _____

(3) _____ (4) _____

STATE OF NEVADA)
ss.
COUNTY OF HUMBOLDT)

On this _____ day of _____A.D., two thousand and _____ before me ___ _____ a Notary Public in and for the County of Humboldt, State of Nevada personally appeared _____ _____ and _____ known (or proved) to me to be the person_ _ described in and who executed the foregoing instrument, who acknowledged to me that _____he_____ executed the same, freely and voluntarily, and for the uses and purposes therein mentioned.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my Official Seal the day and year in this Certificate first above written.

SEAL

_____
NOTARY PUBLIC/CLERK