

**Certificate of Persons Conducting Business
Under an Assumed Name**

I (we) do hereby certify that I am (we are) or intend to operate a business under the following assumed or designated name:

Name of Business: _____

Business Address: _____

Telephone Number: _____

And I (we) certify that the true and full name(s) of the person(s) with an interest in the conduction or transaction of business under this name is (are) as follows:

Name: _____ Mailing Address: _____

Name: _____ Mailing Address: _____

This certificate being executed in compliance with the provisions of Act 11 of 1943 (A.C.A. 4-70-203 et. Seq.)

Signature: _____ Date: _____

Signature: _____ Date: _____

Acknowledgement

State of Arkansas

County of _____

On this _____ day of _____ before me, the undersigned officer, personally appeared, _____, known to me (or satisfactorily proven) to be the person(s) described in the foregoing certificate. And acknowledged that he/she executed the same in the capacity therein stated and for purposes therein contained. Subscribed and sworn to before me this _____ day of _____.

(seal)

NOTARY PUBLIC

FILED FOR RECORD on the date and time noted herein

BUSINESS NAMES Book: _____ Page: _____

COUNTY CLERK (seal)

BY: _____ Deputy Clerk