CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

Commonwealth of Virginia

This is to certify that the below named person, partnership, limited liability company or corporation intends to conduct or transact business under an assumed or fictitious name in the ☐ City of Harrisonburg ☐ County of Rockingham or ☐ Both

1. The ASSUMED OR FICTITIOUS NAME of business:

   NAME: .....

2. The above business is owned by the following entity type:
   [ ] SOLE PROPRIETORSHIP (Complete A below) [ ] PARTNERSHIP (Complete B below)
   [ ] LIMITED LIABILITY COMPANY (Complete C below) [ ] CORPORATION (Complete C below).

A. NAME OF OWNER: .....

RESIDENCE ADDRESS: .....

POST OFFICE ADDRESS: .....

B. NAME OF PARTNERSHIP: .....

OFFICE ADDRESS: .....

POST OFFICE ADDRESS: .....

(1) Is this a general partnership? [ ] NO [ ] YES. If YES, complete the Statement of Partners on Page Two of Two.

(2) Is this a domestic limited partnership? [ ] NO [ ] YES. If YES, a certified copy of this certificate must be filed with the State Corporation Commission. § 59.1-70.

(3) Is this a foreign limited partnership? [ ] NO [ ] YES. If YES, indicate the date of the certificate of registration to transact business in the Commonwealth of Virginia issued by the State Corporation

Commission: .....

A certified copy of this certificate must be filed with the State Corporation Commission § 59.1-70.

C. NAME OF ☐ CORPORATION ☐ LIMITED LIABILITY COMPANY:

.....

OFFICE ADDRESS: .....

POST OFFICE ADDRESS: .....

(1) A corporation or limited liability company must file a certified copy of this certificate with the State Corporation Commission. § 59.1-70.

(2) Is this a foreign corporation or a foreign limited liability company? [ ] NO [ ] YES. If YES, indicate the date of the certificate of authority/registration to transact business in the Commonwealth of Virginia issued by the State

Corporation Commission: .....

ACKNOWLEDGMENT

I certify that the foregoing is true and correct to the best of my knowledge and belief.

Sole Proprietorship ..... _____
NAME OF OWNER — SIGNATURE OF OWNER

Partnership ..... _____
NAME OF GENERAL PARTNER — SIGNATURE OF GENERAL PARTNER

Corporation ..... _____
NAME OF PRESIDENT — SIGNATURE OF PRESIDENT

Limited Liability Company ..... _____
NAME OF MEMBER/MANAGER — SIGNATURE OF MEMBER/MANAGER

[ ] City [ ] County of ..... State of Virginia

Acknowledged, subscribed and sworn to before me this..... day of ....., 20___.

My commission expires..... _____
[ ] CLERK/DEPUTY CLERK [ ] NOTARY PUBLIC

CLERK'S OFFICE

Filed in the Clerks' Office of the Rockingham County Circuit Court on the _____ day of _____, 20____.

Chaz W. Evans-Haywood, Clerk by _____, Deputy Clerk

STATEMENT OF PARTNERS

This is to certify that the below named persons intend to carry on business under an assumed or fictitious name as partners in the ☐ City of Harrisonburg ☐ County of Rockingham or ☐ Both, and that the following is a list of every person owning the GENERAL PARTNERSHIP set forth on the front of this certificate.

..... _____

PRINTED NAME (LAST, FIRST, MIDDLE) SIGNATURE

.....

RESIDENCE ADDRESS

[ ] County [ ] City of ..... State of .....

Subscribed and acknowledged before me by ....., this ..... day of ....., 20____.

My commission expires ..... _____

[ ] NOTARY PUBLIC [ ] CLERK/DEPUTY CLERK

..... _____

PRINTED NAME (LAST, FIRST, MIDDLE) SIGNATURE

.....

RESIDENCE ADDRESS

[ ] County [ ] City of ..... State of .....

Subscribed and acknowledged before me by ..... , this ..... day of ....., 20___.

My commission expires..... _____

[ ] NOTARY PUBLIC [ ] CLERK/DEPUTY CLERK

..... _____

PRINTED NAME (LAST, FIRST, MIDDLE) SIGNATURE

.....

RESIDENCE ADDRESS

[ ] County [ ] City of ..... State of .....

Subscribed and acknowledged before me by ..... , this ..... day of ....., 20___.

My commission expires ..... _____

[ ] NOTARY PUBLIC [ ] CLERK/DEPUTY CLERK

..... _____

PRINTED NAME (LAST, FIRST, MIDDLE) SIGNATURE

.....

RESIDENCE ADDRESS

[ ] County [ ] City of ..... State of .....

Subscribed and acknowledged before me by ..... , this ..... day of ....., 20___.

My commission expires ..... _____

[ ] NOTARY PUBLIC [ ] CLERK/DEPUTY CLERK