

**CERTIFICATE OF ASSUMED NAME FOR A SOLE PROPRIETORSHIP OR PARTNERSHIP**

The undersigned, proposing to engage in business in Union County, North Carolina, under an assumed name or a partnership name, do hereby certify that:

- 1. The name under which the business is to be conducted is:

\_\_\_\_\_

(Insert assumed or partnership name)

- 2. The names and addresses of all the owners of the business are:

Mailing Address:

Physical Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Insert name and address of each owner)

In witness whereof, this certificate is signed by each of the owners of said business, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ (seal)

\_\_\_\_\_ (seal)

\_\_\_\_\_ (seal)

(Signature of owner(s))

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public, do hereby certify that \_\_\_\_\_, personally appeared before me this day and acknowledged that they signed the foregoing certificate.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Affix Notary Seal)

My Commission Expires: \_\_\_\_\_