

State of North Carolina  
County of \_\_\_\_\_

**CERTIFICATE OF ASSUMED NAME FOR A  
SOLE PROPRIETORSHIP, PARTNERSHIP, LIMITED PARTNERSHIP**

1. The assumed name under which business will be conducted is:

\_\_\_\_\_

2. This business is a (Check One)

Sole Proprietorship

Partnership

Limited Partnership

3. Then name and address of all owners of said business are (owner for sole proprietorship; general partners for all partners):

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

IN WITNESS WHEREOF, this certificate is signed by each of the owners of said business,  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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

State of North Carolina  
County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public in and for the County and State  
aforesaid, do hereby certify that \_\_\_\_\_  
personally appeared before me this day and acknowledged the execution of the foregoing  
instrument for the purpose therein expressed.

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

(Official Seal)

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

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

State of North Carolina  
County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public in and for the County and State  
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(Official Seal)

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

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