
CERTIFICATE

PERSONS CONDUCTING BUSINESS IN THE STATE OF ARKANSAS COUNTY
OF BOONE UNDER ASSUMED NAME

I (we) do hereby certify that I (we) intend to operate a business under the assumed or designated name of _____ with the address being _____ as provided for within Arkansas Code 4-70-201, et seq, and I (we) further certify that the true full name, or names, of parties interested in the conducting or transacting of said business are as follows:

NAME

ADDRESS

This certificate is being executed in compliance with the Provisions of Act 11 of the Acts of the General Assembly of the State of Arkansas for the year 1943. (Approved January 29, 1943.)

Signature

Date

ACKNOWLEDGMENT

State of **Arkansas**
County of **Boone**

On this _____ day of _____, 20____, before me, _____, a Notary Public, duly commissioned qualified and acting, within and for said County and State, appeared in person the within named _____ to me personally well known, who stated and uses and purposes therein mentioned and set forth.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal this ____ day of _____, 20 ____.

Notary Public

My commission expires:
