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CATINIA E. WINCHESTER

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

The undersigned, proposing to engage in business in Nockingham 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: MidAtlantic Lie and Emergency Service Training and Consulting (Insert assumed or partnership name) 2. The names and addresses of all the owners of the business are: Linda B. Marks - mail to 148 Lauters Loop 27025 madeson (Insert name and address of each owner) In witness whereof, this certificate is signed by each of the owners of said business, this ist day of September, 20 16. (seal) (seal) (seal) State of . County of ockingha , a Notary Public, do hereby certify that on this TAL bec, 20 16, personally appeared before me Mark who are all signers of the forgoing instrument, and each acknowledged the due execution thereof. Witness my hand and official seal, this the 1st day of Jeptember My Commission Expires:_