PHOENIX OFFICE 1700 W. WASHINGTON ST. SUITE 105 PHOENIX, AZ 85007-2812 (602) 542-1525 or AZ TOLL-FREE 1-877-MY AZROC (1-877-692-9762)



TUCSON OFFICE 400 W. CONGRESS, STE. 212 TUCSON, AZ 85701-1311 (520) 628-6345

ARIZONA REGISTRAR of CONTRACTORS

	ASSUMPT	ION			
This is to certify that	s is to certify that under license # name of new license new ROC license				
will assume the liability for all complaints, repa		ons, filing of ansv			
present and future charges and claims, as we		•	h Title 32 of Arizona R	evised Statutes	
arising from the business operations of	name of n	rior license	under	orior POC license	
in the State of Arizona.	acknowledges that notice and an opportunity for a				
hearing regarding license #	e		opportunity for hearin		
pursuant to A.R.S. § 41	- <u>1092.11</u> . By exec	ution of this entity	assumption, it is expr	essly understood	
and agreed that any discipline imposed again	st #	issued to			
is automatically and properly imposed by oper				cense	
	_		name of new license		
under license #pursu	ant to A.R.S.§§§	32-1122.D, 32-1	<u>154.A.21</u> and <u>32-1139</u>) <u>.B</u> .	
 Corporate assumption should be in the form of Limited Liability Company assumption should be Assumption by a partnership should be signed Assumption by a sole proprietorship should be 	e in the form of a L.L. by all partners.	C. resolution and b		•	
All signatures must be signed before a No	tary Public Mail to	P.O. Box 6688	Phoenix, AZ 85005-	<u>6688</u>	
x					
Signature of Owner, Partner, Member or Corporate Officer currently listed on the license	Printed Name of Signer		Title	Date	
x					
Signature of Owner, Partner, Member or Corporate Officer currently listed on the license	Printed Name of Signer		Title	Date	
x					
Signature of Owner, Partner, Member or Corporate Officer currently listed on the license	Printed Name of Signer		Title	Date	
x					
Signature of Owner, Partner, Member or Corporate Officer currently listed on the license	Printed Name of Signer		Title	Date	
•••••	······ NOTAR	Υ······	• • • • • • • • • • • • • • • • • • • •	•••••	
This instrument was acknowledged before me thisday of		day of	, 20		
	Му со	mmission expire	es		
notary public		-			
State of)				
)SS				
County of)				