CERTIFICATE OF FICTITIOUS BUSINESS NAME

*****THIS CERTIFICATE EXPIRES 5 YEARS FROM FILE DATE*****

☐ **NEW** ☐ **RENEWAL OR REPLACE EXISTING**

_____
(PRIOR RELATED FILING NUMBER)

STATE OF NEVADA)
) ss.
COUNTY OF CHURCHILL)

I / We hereby certify that I / We are conducting a _____ business in the City of Fallon and / or the County of Churchill, State of Nevada, under a designation not showing the name(s) of the person(s) interested in conducting or carrying on said business in the City of Fallon and/or the County of Churchill, State of Nevada, under the designation not showing the name(s) of the person(s) interested in carrying on such business under the fictitious name of:

_____
(FICTITIOUS BUSINESS NAME)

_____
(BUSINESS STREET ADDRESS) ***(BUSINESS PHONE/EMAIL)***

The name(s) of the person(s) interested in or carrying on such business:

(1) _____
(NAME OF INTERESTED PARTY- TYPE/PRINT)
_____
(BUSINESS OR RESIDENCE ADDRESS)
_____
(CITY, STATE, ZIP)

(2) _____
(NAME OF INTERESTED PARTY - TYPE/PRINT)
_____
(BUSINESS OR RESIDENCE ADDRESS)
_____
(CITY, STATE, ZIP)

(3) _____
(NAME OF INTERESTED PARTY - TYPE/PRINT)
_____
(BUSINESS OR RESIDENCE ADDRESS)
_____
(CITY, STATE, ZIP)

(4) _____
(NAME OF INTERESTED PARTY- TYPE/PRINT)
_____
(BUSINESS OR RESIDENCE ADDRESS)
_____
(CITY, STATE, ZIP)

SIGNATURE OF: OWNER, PARTNER OR AUTHORIZED OFFICER AND TITLE

(1) _____ **(3)** _____

(2) _____ **(4)** _____

STATE OF NEVADA)
) ss.
COUNTY OF CHURCHILL)

On this _____ day of _____, 20_____, before me personally appeared _____

_____

known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged to me that _____executed the same freely and voluntarily, and for the uses and purposes therein stated.
In witness whereof I have hereunto set my hand and affixed my official seal this _____ day of _____20_____.

_____
Notary Public/Deputy County Clerk
Churchill County, Nevada