

CERTIFICATE

PERSONS CONDUCTING BUSINESS IN THE STATE UNDER ASSUMED NAME

I (we) do hereby certify that I am (we are), or intend operating a business under the assumed or designated name of:

Name of Business: _____

Business Address: _____

Telephone Number: _____

And I (we) certify that the true and full name(s) of the person(s) with an interest in the conduction or transaction of business under this name is (are) as follows:

Name _____ Mailing Address _____

Name _____ Mailing Address _____

Name _____ Mailing Address _____

This certificate being in compliance with the provisions of Act 11 of 1943(A.C.A. 4-70-203 et. Seq.)

Signature _____ Date: _____

Signature _____ Date: _____

Signature _____ Date: _____

Acknowledgment

STATE OF ARKANSAS}

County of Washington}

On this ____ day of _____ before me, the undersigned officer, personally appeared, _____, known to me (or satisfactorily proven) to be the person(s) described in the foregoing certificate. And acknowledged that he/she executed the same in the capacity therein stated and for purposes therein contained. Subscribed and sworn to before me this ____ day of _____.

Notary Public

(Seal)

Commission Expires

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