

SAMPLE DOCUMENT: Certificate Of Assumed Name

SECRETARY OF STATE

CERTIFICATE OF ASSUMED NAME

Read the directions on reverse side before completing. Filing fee: \$_____

The filing of an assumed name does not provide a user with exclusive rights to that name. The filing is required for consumer protection in order to enable consumers to be able to identify the true owner of a business.

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

1. State the exact assumed name under which the business is or will be conducted (**one** business name per application):

2. State the address of the principal place of business. A complete street address or rural route and rural route box number is required; the address cannot be a P.O. Box.

Street

City

State

Zip Code

3. List the name and complete street address of all persons conducting business under the above Assumed Name. Attach additional sheet(s) if necessary. If the business owner is a corporation, provide the legal corporate name and registered office address of the corporation.

Name (please print)

Street

City

State

Zip Code

Name (please print)

Street

City

State

Zip Code

Name (please print)

Street

City

State

Zip Code

Name (please print)

Street

City

State

Zip Code

4. I certify that I am authorized to sign this certificate, and I further certify that I understand that by signing this certificate, I am subject to the penalties of perjury as set forth in applicable state statutes as if I had signed this certificate under oath.

Signature (ONLY one person listed in #3 is required to sign.)

Date

Print Name and Title

Contact Person Daytime Phone Number