8010056 00114 FORSYTH CO, NC FEE \$26.00 PRESENTED & RECORDED:

03-21-2018 02:25:50 PM LYNNE JOHNSON REGISTER OF DEEDS BY: SANDRA YOUNG DPTY

BK: RE 3395 PG: 2971-2971

Original To:

Dwner

## ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)

Please print legibly.

 The assumed business name is Blood RUNSPINK/MK

assumed business names on this form.) (You may include no more than five (5)

The real name of the person or entity engaging in business under the assumed business name is: ۲1 noa  $\alpha$ na

(Corporations, LLC's, limited partnerships must provide the exact name registered with the NC Secretary of State's office and the SOSID number assigned at the time of formation. Go to www.sosnc.gov/br/search to look up your information.) 3. The nature/type of the business is: 4. The street address of the principal place of business is: (PO Boxes are not acceptable) alen 5. The mailing address, if different from the street address, is: sam The counties where the assumed business name will be used to engage in business are: 6. ↓ □AII 100 North Carolina counties This certificate is signed by the owner/legal representative of the person or entity named above, this 🔔 day of 20 Signature

Title: (See instructions for who must sign for various business entity types.)

**Assumed Business Name Certificate** 

Printed/Typed Name:

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