

2020037242 00165 FORSYTH CO, NC FEE \$26.00 PRESENTED & RECORDED: **08-25-2020** 03:28:43 PM LYNNE JOHNSON REDISTERCT DEEDS BY: OLIVIA DOYLE

BK: RE 3547 PG: 654-654

ASST

Original To:

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ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)

Please print legibly.

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

2. The real name of the person or entity engaging in business under the assumed business name is:

(Corporations, LLC's, limited partnerships must provide the <u>exact</u> name registered with the NC Secretary of State's office and the <u>SOSID number</u> assigned at the time of formation. Go to <u>www.sosnc.gov/br/search</u> to look up your information.)

3. The nature/type of the business is: Trucking

4. The street address of the principal place of business is: (PO Boxes are not acceptable)

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- 5. The mailing address, if different from the street address, is:
- 6. The counties where the assumed business name will be used to engage in business are: All 100 North Carolina counties

This certificate is signed by the owner/legal representative of the person or entity named above, this 220 day of 409 2020 .
Signature: Ston Milouell
Printed/Typed Name: Show Milowill
Title: Orling A

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

Assumed Business Name Certificate