



2019023703 00051

FORSYTH CO. NC FEE \$26.00

PRESENTED & RECORDED:

06-21-2019 10:03:22 AM

LYNNE JOHNSON

REGISTER OF DEEDS

BY: EVELYN R. DIXON

DPT

BK: RE 3467

PG: 134-134

Original To: Anthony Coleman/Nadine Black

ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)

Please print legibly.

1. The assumed business name is:

BTO - ONE Winston-Salem

(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:

N/A Care Solutions, LLC 1854811(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:

Bio hazard clean up

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

380 H Knollwood St. Suite 239, Winston-Salem, NC 27103

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 countiesThis certificate is signed by the owner/legal representative of the person or entity named above,
this 21 day of JUNE, 2019.

Signature:

Anthony Coleman Nadine L. Black

Printed/Typed Name:

Anthony Coleman Nadine L. Black

Title:

CFO - Co Owner CEO - Co-owner

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