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

05-15-2020 02:25:13 PM

LYNNE JOHNSON  
REGISTER OF DEEDS  
BY: EVELYN R. DIXON  
DPTV

BK: RE 3524

PG: 4195-4195

Original To: T. Fields**ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)**

Please print legibly.

1. The assumed business name is:

Xcitement

(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:

Tabitha Fields  
Elrica Scott(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](http://www.sosnc.gov/br/search) to look up your information.)

3. The nature/type of the business is:
- Remote selling
- 
4. The street address of the principal place of business is: (PO Boxes are not acceptable)
- 
- 8169 Ridgeback Drive Winston-Salem, NC 27107
- 
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 15 day of MAY, 2020.Signature: Tabitha Fields / Elrica ScottPrinted/Typed Name: Tabitha Fields / Elrica ScottTitle: owner / partners

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