	lame Please	Print or Type
ne undersigned do hereby certify that		
(Name	e of individual, corporation, partnership, or trust)	
(Street Address of Business or Residence)	is conducting business in	n Carson City,
(Street Address of Business of Residence)		
evada, under the fictitious name of(Fictiti	ous Firm Nama)	
nd that said firm is composed of the following person y signing below, I do solemnly affirm, under penalty  1 Full Name and Title  Street Address	of perjury, that all statements made in this	
Mailing Address, if different from above	City, State, Zip	
2. Full Name and Title	Signature	Date
Street Address	City, State, Zip	
Mailing Address, if different from above	City, State, Zip	
3. Full Name and Title	Signature	 Date
Street Address	City, State, Zip	
Mailing Address, if different from above	City, State, Zip	
	RECEIVED AND FIL	ED
	Date	
	Deputy County Clerk	
ease provide the following details where verification	of filing should be sent:	
mail Address	Phone Number	
	_	
ailing Address		