

**Certificate of Persons Conducting Business**

**Under an Assumed Name**

Number \_\_\_\_\_

I (We) do hereby certify that I (we) intend to operate a business under the following assumed or designated name:

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

And I (we) certify that the true and full name(s) of the person(s) with an interest in the conduction or transaction of business under this name is (are) as follows:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

This certificate is being executed in compliance with the provisions of Act 11 of 1943 (A.C.A. 4-70-203 et seq.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledgement**

State of Arkansas

County of Marion

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person(s) described in the foregoing certificate. And acknowledged that he/she executed the same in the capacity therein stated and for purposes therein contained. Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

Notary Public or (Deputy) Clerk