

PARTNERSHIP/GENERAL PARTNERSHIP

CERTIFICATE OF BUSINESS: FICTITIOUS FIRM NAME

**** *THIS CERTIFICATE EXPIRES 5 YEARS FROM FILE DATE * * ***

(If renewing, expires 5 years from original file date unless it has lapsed)

Renewal

New Filing

THE UNDERSIGNED do(es) hereby certify that _____ **WE ARE** _____
conducting a _____ business at

_____, _____, _____, _____
(Physical street address) (City) (State) (Zip code)

under the fictitious firm name of: _____

and that said firm is composed of the following individuals whose *legal names* and *physical addresses* are as follows:

Owner 1 Name _____

Address _____, _____, _____, _____
(Physical street address) (City) (State) (Zip code)

Owner 2 Name _____

Address _____, _____, _____, _____
(Physical street address) (City) (State) (Zip code)

For additional owners, please use additional pages

Alternate Mailing Address: _____, _____, _____, _____
(P.O. Box or Physical street address other than listed above) (City) (State) (Zip code)

Prior Related DBA Filing (if applicable): _____

WITNESS my hand this ____ day of _____, 20 ____.

Owner 1 Signature

Owner 2 Signature

STATE OF _____ }
COUNTY OF _____ } ss.

On this ____ day of _____, 20 ____ personally appeared before me, a Notary Public,

(Name of individuals whose signatures are being notarized)

who acknowledged that they executed the above instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official stamp at my office in the County of _____ the day and year in this certificate first above written.

For office use only

IF SUBMITTING A NOTARIZED DOCUMENT, PLEASE PROVIDE AN ORIGINAL AND 3 COPIES, A SELF-ADDRESSED STAMPED ENVELOPE AND \$20.00 FILING FEE TO:
WASHOE COUNTY CLERK
P.O. BOX 11130
RENO, NV 89520

Signature of Notary Public

PARTNERSHIP/GENERAL PARTNERSHIP

CERTIFICATE OF BUSINESS: FICTITIOUS FIRM NAME

*****THIS CERTIFICATE EXPIRES 5 YEARS FROM FILE DATE*****

(If renewing, expires 5 years from original file date unless it has lapsed)

Renewal New Filing

THE UNDERSIGNED do(es) hereby certify that _____ WE ARE
conducting a _____ *BRIEF DESCRIPTION OF THE TYPE OF BUSINESS* _____ business at

_____ *NO MAIL BOXES OR MAIL DROPS* _____, _____, _____, _____
(Physical street address) (City) (State) (Zip code)

under the fictitious firm name of: _____ *NAME OF BUSINESS* _____

and that said firm is composed of the following individuals whose *legal names* and *physical addresses* are as follows:

Owner 1 Name _____ *OWNER'S LEGAL NAME* _____

Address _____, _____, _____, _____
(Physical street address) (City) (State) (Zip code)

Owner 2 Name _____ *OWNER'S LEGAL NAME* _____

Address _____, _____, _____, _____
(Physical street address) (City) (State) (Zip code)

For additional owners, please use additional pages

Alternate Mailing Address: _____, _____, _____, _____
(P.O. Box or Physical street address other than listed above) (City) (State) (Zip code)

Prior Related DBA Filing (if applicable): _____

WITNESS my hand this ____ day of _____, 20 ____.

Owner 1 Signature

Owner 2 Signature

STATE OF _____ }
COUNTY OF _____ } ss.

NOTARY MUST COMPLETE LOWER PORTION OF THIS DOCUMENT

On this ____ day of _____, 20 ____ personally appeared before me, a Notary Public,

(Name of individuals whose signatures are being notarized)

who acknowledged that they executed the above instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official stamp at my office in the County of _____ the day and year in this certificate first above written.

Signature of Notary Public

***** SUBMIT ORIGINAL, THREE COPIES, AND \$20.00 FILING FEE *****

PURSUANT TO NRS 602.010 EVERY PERSON (OR ENTITY) DOING BUSINESS IN THIS STATE UNDER AN ASSUMED OR FICTITIOUS NAME THAT IS IN ANY WAY DIFFERENT FROM THE LEGAL NAME OF EACH PERSON (OR ENTITY) WHO OWNS AN INTEREST IN THE BUSINESS MUST FILE WITH THE COUNTY CLERK OF EACH COUNTY IN WHICH THE BUSINESS IS BEING CONDUCTED A CERTIFICATE CONTAINING THE INFORMATION REQUIRED BY NRS 602.020.

The purpose of the fictitious name statute is to prevent fraud and to inform the public of the true identity of those with whom the public conducts business.

TO COMPLETE THE OWNER SECTION, IF AN OWNER IS:

INDIVIDUAL: STATE OWNER'S FULL NAME AND STREET ADDRESS. OWNER MUST SIGN DOCUMENT.

GENERAL PARTNERSHIP: STATE FULL NAMES AND STREET ADDRESSES OF EACH PARTNER. EACH PARTNER MUST SIGN.

TRUST: STATE FULL NAME OF THE TRUST. STATE THE NAME AND STREET ADDRESS OF EACH TRUSTEE, AND DESIGNATE "TRUSTEE" AFTER EACH NAME. *ALL TRUSTEES MUST SIGN.*

CORPORATION: STATE THE FULL CORPORATE NAME AND ADDRESS. STATE THE NAME AND TITLE OF THE PERSON SIGNING FOR THE CORPORATION. *Nevada corporations must be on file with Secretary of State.*

LIMITED LIABILITY COMPANY: STATE THE FULL LIMITED LIABILITY COMPANY NAME AND ADDRESS. STATE THE NAME AND TITLE OF THE PERSON SIGNING FOR THE LLC. *Nevada LLC's must be on file with Secretary of State.*

LIMITED PARTNERSHIP: STATE THE FULL LIMITED PARTNERSHIP NAME AND ADDRESS. STATE THE NAME AND TITLE OF THE PERSON SIGNING FOR THE LIMITED PARTNERSHIP. *Nevada limited partnerships must be on file with Secretary of State.*

BUSINESS TRUST: STATE FULL AND MAILING ADDRESS OF THE BUSINESS TRUST. STATE THE NAME AND TITLE OF THE TRUSTEE SIGNING FOR THE BUSINESS TRUST. *Nevada business trusts must be on file with Secretary of State.*

***PERSONS SIGNING THE CERTIFICATE ON BEHALF OF AN ENTITY,
MUST HAVE THE AUTHORITY TO BIND THE OWNER TO A CONTRACT.
NRS 602.020(2)(a)(2)***

ALL SIGNATURES MUST BE NOTARIZED

HELPFUL INFORMATION:

* ALL NEVADA CORPORATIONS, LIMITED LIABILITY COMPANIES, BUSINESS TRUSTS, LIMITED PARTNERSHIPS AND NON PROFIT ORGANIZATIONS MUST BE ON FILE WITH THE SECRETARY OF STATE OF NEVADA AND MUST BE IN "GOOD STANDING" STATUS.

* POST OFFICE BOXES AND PRIVATE MAIL BOXES/DROPS CANNOT BE USED IN LIEU OF A STREET ADDRESS.

* THE REAL ESTATE DIVISION REQUIRES PRIOR APPROVAL OF THE BUSINESS NAME.

* IT IS SUGGESTED THAT CONTRACTORS HAVE NAME APPROVAL BY THE NEVADA CONTRACTORS BOARD PRIOR TO THIS FILING.

* INSURANCE BUSINESSES MUST HAVE THE REQUIRED LICENSING, OR AN APPLICATION PENDING, WITH THE NEVADA DIVISION OF INSURANCE PRIOR TO THIS FILING.

* FINANCE RELATED BUSINESSES MUST HAVE THE REQUIRED LICENSING, OR AN APPLICATION PENDING, WITH THE NEVADA DIVISION OF FINANCIAL INSTITUTIONS PRIOR TO THIS FILING.

IF SUBMITTING A NOTARIZED DOCUMENT, PLEASE PROVIDE AN ORIGINAL AND 3 COPIES, A SELF-ADDRESSED STAMPED ENVELOPE AND \$20.00 FILING FEE

TO:

**WASHOE COUNTY CLERK
P.O. BOX 11130
RENO, NV 89520**

QUESTIONS? CALL (775) 784-7287