

CERTIFICATE OF AS	SUMED BUSINESS NAME
	ss under a name other than their own (DBA) ASSOCIATION GENERAL PARTNERSHIPS
PRINT - Name of Business	
PRINT - Kind of Business	
PRINT - Address of Business	
NAMES & RESIDENCES OF MEMBERS OF BUSINESS:	
1	_Resides at
2	Resides at
3	Resides at
SECTION TO BE COMPLETED IN PRESENCE OF I hereby certify that I have personal knowl true.	ledge of the facts stated above and that each of them is
Member's Signature	Printed Name Title
STATE OF	
COUNTY OF	
	, personally appeared before me a Notary
Public, thisday of,20	My Commission Expires
	County of Residence
	Notary Public – Signature
	Notary Public - Printed Name

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law:\_\_\_\_\_

Print Name

This instrument was prepared by:\_\_\_\_\_

Print Name