Certificate of Doing Business Under an Assumed Name (D/B/A)

Saratoga County Clerk's Office, 40 MdVaster St., Ballston Spa, NY 12020 Kathleen A. Marchione, Saratoga County Clerk (518) 885-2213

The undersigned do l	hereby certify that he/sl	he/they intend(s) to now t	ransact business under the name of
(address)			
		1 11 6 11	
			y that the true and real full name of the person(sb) conducting or transacting
tre said distress, \	with the residence and bu	isiress address or said per	ason, and the age of any who may be under 18 years of age, are as follows:
NAME		RESIDENCE	
AGE (if under 18)			
such name to carry,	, conduct, transact such b	usiness or partnership.	t towho have heretofore used 20, made and signed this certificate.
			(signature)
STATE OF NEW Y	ORK		
COUNTY OF SAR	RATO G A		(signature)
On this the	day of	in the year 20	_, before me, the undersigned, a Notary Public in and for said State,
same in his/her/thei	dividual(s) whose name(s)	by his/her/their signature	_personally known to me or proved to me on the basis of satisfactory he within instrument and acknowledge to me that he/she/they executed the e(s) on the instrument, the individual(s), or the person upon behalf of which
			Notary Public
			INCIALLY FUELLC

Instructions: Fill out the form, but do not sign it until in the presence of a Notary Rublic. The form should be filled at the Saratoga County Clerk's Office, 40 McMaster Street, Ballston Spa, New York, 12020. The filling fee is \$25.00 and there is a \$5.00 charge for each certified copy. Fees may be paid in cash; or with a money order or check. Out-of-state or starter checks are not accepted. Hours for recording documents are 8:00 a.m. to 4:15 p.m., Monday through Friday. If mailing, please send a SASE.