CERTIFICATE OF TRADE NAME

For Clerk's office use only

This is to hereby certify that the below named person or entity intends to conduct or transact business under an assumed or fictitious name in the County of Fauquier in accordance with the provisions of § 59.1-69 of the 1950 Code of Virginia, as amended.

1. ASSUMED OR FICTITIOUS NAME OF BUSINESS:

TRADE NAME (PRINT): _____

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2. Type of Entity (Check one):

☐ SOLE PROPRIETORSHIP (Go to item 4)

☐ PARTNERSHIP (Attach a list of the names and addresses of the partners then go to item 4)

☐ LIMITED LIABILITY PARTNERSHIP (LLP) (Go to item 3)

☐ CORPORATION (Go to item 3)

☐ LIMITED LIABILITY COMPANY (LLC) (Go to item 3)

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3. Check one, if LLP, LLC, or Corporation

☐ Domestic
☐ Foreign: Fill in Date of the Certificate of Registration/authority:_____
issued by the State Corporation Commission to transact business in the Commonwealth of Virginia

(A certified copy of this certificate must be filed With the State Corporation Commission, §59.1-70 off the Code of Virginia)

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4. NAME OF: OWNER, INDIVIDUAL, PARTNERSHIP, LIMITED LIABILITY COMPANY (LLC), LIMITED LIABILITY PARTNERSHIP (LLP), or CORPORATION) That you are trading under.

_____

5. Type of Business: _____

6. Business Address/Location: _____

7. Business Mailing Address: _____

8. Phone Number: _____

I certify that the information provided herein is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____.

Printed Name: _____ Title: _____

Entity Name: _____

Residence Address: _____

Mailing Address:_____

Commonwealth of Virginia, County of Fauquier, to-wit:

I, the undersigned Deputy Clerk of the Circuit Court in and for the Commonwealth and County aforesaid, (OR) Notary Public for the County and State as shown herein do hereby certify that: _____

_____

whose name[s] is/are signed to the forgoing and hereunto annexed Certificate dated: _____, has this day personally appeared before me and acknowledged the same before me in my office.

Given under my hand: _____ (date).

_____Deputy Clerk OR _____Notary Public

Printed name: Printed name:

Notary registration number: _____

My Commission expires: _____

Affix Stamp or Seal

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