



INDIVIDUAL OR PARTNERSHIP **CERTIFICATE OF FICTITIOUS BUSINESS NAME**

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

☐ **NEW FILING** ☐ **RENEWAL** Contact Number: _____ Email: _____

I / We hereby certify that I / We are conducting a _____
(Type of Business)

business at _____,
(Physical Street Address) (City) (State) (Zip Code)

under the fictitious firm name of: _____ and
(Fictitious Business Name)

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

Owner 1 Name: _____
(Legal Name)

Address: _____,
(Physical Street Address) (City) (State) (Zip Code)

Address: _____,
(Mailing Address if Different from Physical Address) (City) (State) (Zip Code)

Owner 2 Name: _____
(Legal Name)

Address: _____,
(Physical Street Address) (City) (State) (Zip Code)

Address: _____,
(Mailing Address if Different from Physical Address) (City) (State) (Zip Code)

Prior Related DBA Filing (if applicable): _____

SIGNATURE OF AUTHORIZED OFFICER

(Signing Officer Signature)

(Signing Officer Signature)

STATE OF _____)
) ss.
COUNTY OF _____)

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

known to me to be the person(s) described in and who acknowledged that he/she/they executed the foregoing instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this _____ day of _____, 20____.

For Office Use Only

If submitting a Notarized Document, please provide the original and \$25.00. Mail to: Churchill County Clerk
155 N. Taylor Street, STE 110, Fallon, NV 89406

Notary Public/Deputy County Clerk