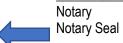


## ASSUMED NAME CERTIFICATE

Name of Business:	
Physical Address of Business:	
Mailing Address of Business:	
Business is to be conducted as (mark one)	
Individual General Partner	rship Limited Partnership
other (name type)	
This Certificate is effe	ective for a period not to exceed ten (10) years.
Се	rtificate of Ownership
other than those listed herein below.  Printed Name & Title of Owner	ect, and there is/are not ownership(s) in said business  Signature Of Owner
Printed Name & Title of Owner	Signature Of Owner
Printed Name & Title of Owner	Signature Of Owner
THE STATE OF	
COUNTY OF	
Before me, the undersigned authority, on this day known to me or proved to me throughsubscribed to the foregoing instrument an acknown consideration therein expressed.	y personally appeared to be the person whose name is wledged to me that he/she/they executed the same for the purposes and
GIVEN UNDER MY HAND AND SEAL OF OFFIC	
ON/ENLINDED MY HAND AND OF ALL OF OFFI	



THE STATE OF	
COUNTY OF	
Before me, the undersigned authority, on this day personally appearedknown to me or proved to me throughsubscribed to the foregoing instrument an acknowledged to me that he/she/th consideration therein expressed.	to be the person whose name is ney executed the same for the purposes and
GIVEN UNDER MY HAND AND SEAL OF OFFICE, on	, 20
Notary Notary Seal  THE STATE OF	
COUNTY OF	
Before me, the undersigned authority, on this day personally appearedknown to me or proved to me throughsubscribed to the foregoing instrument an acknowledged to me that he/she/tl consideration therein expressed.	to be the person whose name is
GIVEN UNDER MY HAND AND SEAL OF OFFICE, on	, 20
Notary Notary Seal	