



White Pine County
Clerk's Office

FF File # _____

Certificate of Business: Fictitious Firm Name

The expiration date for such certificates shall expire after five years from the date of filing.

Please Select One:

- New Application
Renewal of existing Fictitious Firm Name

The undersigned do/does hereby certify that they are conducting business in White Pine County, Nevada, under the

Fictitious Firm Name: _____

Business Address: _____

Nevada Business License No. as provided by the NV Secretary of State: _____

And that business is being conducted as:

- A Natural Person
An Artificial Person
A General Partnership
A Trust

By the following person(s) whose name(s) and address(es) are as follows:

Signed By: _____
Full Name of Authorized Signer Signature (Must be signed before a Notary Public or the WPC Clerk's Office)

Street Address of Business or Residence City, State, Zip

Mailing Address (Required if different than address above) City, State, Zip

Signed By: _____
(Use if needed) Full Name of Authorized Signer Signature (Must be signed before a Notary Public or the WPC Clerk's Office)

Street Address of Business or Residence City, State, Zip

Mailing Address (Required if different than address above) City, State, Zip

By signing above, I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.

For additional signatures, please use additional pages

STATE OF _____ }
COUNTY OF _____ } SS:

This instrument was acknowledged before me on _____ (Date)

by _____ (Name of individual(s) whose signature(s) is/are being notarized or approved)