

CERTIFICATE OF DOING BUSINESS UNDER ASSUMED NAME (D.B.A)

Schenectady County Clerk's Office, 620 State Street, Schenectady, NY 12305

CARA M. ACKERLEY, SCHENECTADY COUNTY CLERK

PURSUANT TO SECTION 130 OF THE GENERAL BUSINESS LAW OF NEW YORK STATE

1. I will do business under the name:

2. I intend to do business in SCHENECTADY COUNTY at the following address:

3. I certify that my name is (print name) _____

4. I am eighteen years of age or older (or, if less than eighteen, my age is _____ years)

5. I live at (street address) _____

in City/Town of _____

State _____

Zip Code _____

Notary/Commissioner of Deeds

Required

Signature **X** _____

Date _____

STATE OF NEW YORK)
COUNTY OF SCHENECTADY) SS.:

On this _____ day of _____, year _____, before me, the undersigned, personally appeared

personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity and that his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

(Signature and office of the individual taking acknowledgment)

Commission expires:

Instructions: Use this form for DBA by INDIVIDUALS(S) Complete the form BUT DO NOT SIGN IT until in the presence of a Notary Public or Commissioner of Deeds. My staff can witness your signature(s) at no charge if you wish. NOTICE: there are other forms for Partnerships filing DBA's, as well as amendment and termination forms. These may be purchased at a legal supply store or prepared by your attorney. Legal questions should always be addressed by an attorney. We appreciate your business!