

CERTIFICATE OF DOING BUSINESS UNDER ASSUMED NAME (DBA)

(FOR USE WITH MORE THAN ONE PARTY)

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

CARA M. ACKERLEY, SCHENECTADY COUNTY CLERK

We will do business under the name:

We intend to do business in Schenectady County at the following address:

We certify that our names and addresses are as follows and that we are all eighteen (18) years of age or older. (If less than eighteen (18) state age next to name)

Print Name _____ Signature _____

Address _____

_____ Date _____

Print Name _____ Signature _____

Address _____

_____ Date _____

Print Name _____ Signature _____

Address _____

_____ Date _____

Print Name _____ Signature _____

Address _____

_____ Date _____

State of New York)
County of Schenectady) SS.:

On the _____ day of _____ in the 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(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and that by his/her/ their signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument.

_____ Notary / Commissioner of Deeds Expiration date _____

*Instructions: Use this form for DBA with more than one person. Complete the form **BUT DO NOT SIGN IT** until in the presence of a Notary Public or Commissioner of Deeds. All signers must appear before a Notary Public or Commissioner of Deeds. My staff can witness your signatures at no charge if you wish. Legal questions should always be addressed by an attorney. We appreciate your business!*