



BUSINESS TRADE NAME CERTIFICATE

State of New Jersey - County of Atlantic

This is to certify that:

Is (are) conducting a business under the trade name of:

Business Address below

Indicate the general type (nature) of your business here:

Indicate below the full names and residence addresses of ALL persons and/or members of such business or partnership.

NOTE: All names listed on this Trade Name Certificate ARE REQUIRED BY LAW to sign this document and have it duly acknowledged in writing, in the presence of a Notary Public, Attorney-at-Law, or the County Clerk.

PLEASE PRINT NAME and RESIDENCE ADDRESS BELOW:

X _____
Business owner(s) sign above

_____ Contact Phone Number

Any ADDITIONAL partners/owners Sign below:

**NOTARY PUBLIC ACKNOWLEDGEMENT SECTION:
ALL SIGNERS MUST BE ACKNOWLEDGED**

On this _____ day of _____ 20____

Personally appeared and signed this in my presence.

SIGNATURE OF NOTARY PUBLIC

Notary please place your stamp-seal-expiration-and jurisdiction below

Non-residents of the State of New Jersey do appoint the County Clerk of Atlantic County and his successor in office, our true and lawful attorney, upon whom all original process in any legal proceedings against said firm or partnership may be served, and hereby agree that such original process which may be served on such County Clerk may be of same force and validity as if served upon said nonresident partner or partners, the authority hereby granted shall continue in force so long as the firm or partnership does business in the State of New Jersey under said name.