

**TRANSFER OF ASSUMED NAME FOR A SOLE PROPRIETORSHIP, PARTNERSHIP,
LIMITED PARTNERSHIP**

1. The assumed name being transferred is:

2. The business is a (check one):

_____ Sole Proprietorship _____ Partnership _____ Limited Partnership

3. The certificate of assumed name was originally filed in _____ County on the
day of _____, 20_____.

4. The effective date of the transfer is the _____ day of _____, 20_____.

5. The following persons have ceased engaging in business under the aforementioned assumed name
(name and address of all owners of said business-owners for sole proprietorship, general partners
for partnership):

6. The name and address of the transferee(s) of said assumed name is (are):

In witness whereof, this certificate is signed by each transferor of said business, this _____ day of
_____, 20_____.

This filing does not relieve transferee(s) of the obligation to file a Certificate of Assumed Name.

State of _____

County of _____

I, _____, a Notary Public, do hereby certify that on this
_____ day of _____, 20_____. _____ (name/title)
personally appeared before me and acknowledge the execution of the foregoing instrument for the
purpose therein expressed.

Witness my hand and official seal, this the _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

(Affix Notary Seal)

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