

Certificate of Business: Fictitious Firm Name

Please Return with \$20.00 to:
Lincoln County Clerk
P.O. Box 90
Pioche, NV 89043

Please Select One:

- New Application
- Renewal of Application
- Add an individual or corporation

Please Print or Type

The expiration date for such certificates shall be the last day of the sixtieth month from the date of filing.

The undersigned do/does hereby certify that _____
(Name of individual, corporation, partnership, or trust)

with mailing address of _____,
(Mailing Address for notification of renewal) (Street) (City) (State) (Zip)

is/are conducting a _____ business in _____, Nevada, under the fictitious
(Type of Business) (City)

name of _____
(Fictitious Firm Name) or (Doing Business As)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

(1) _____
Full Name and title (Type or Print) Signature Date

Street Address of Business or Residence City, State, Zip

Mailing Address, if different from above City, State, Zip

(2) _____
Full Name and title (Type or Print) Signature Date

Street Address of Business or Residence City, State, Zip

Mailing Address, if different from above City, State, Zip

(3) _____
Full Name and title (Type or Print) Signature Date

Street Address of Business or Residence City, State, Zip

Mailing Address, if different from above City, State, Zip

(For additional names or execution of additional notary signatures, please attach a separate sheet.)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

Certificate filed on _____ 20____ Expires on _____ 20____

Certificate File Number _____