



MAUREEN REYNOLDS
COUNTY CLERK
CLERK OF SUPREME & COUNTY COURTS

320 N. TIOGA STREET
COURT HOUSE, ITHACA, NY 14850
TELEPHONE (607) 274-5431
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CERTIFICATE OF PARTNERS DOING BUSINESS UNDER ASSUMED NAME

WE HEREBY CERTIFY THAT WE ARE CONDUCTING OR TRANSACTING BUSINESS UNDER THE NAME OR

DESIGNATION OF _____
(BUSINESS NAME)

AT _____
(STREET ADDRESS) (CITY) (STATE) (ZIP) (COUNTY)

THE FULL NAMES AND RESIDENCE ADDRESSES OF THE PERSONS CONDUCTING THE BUSINESS, INCLUDING ALL PARTNERS, AND THE AGES OF ANY SUCH PERSONS WHO ARE INFANTS ARE AS FOLLOWS:

NAME	STREET ADDRESS	CITY	STATE	ZIP	COUNTY

WE DO FURTHER CERTIFY THAT WE ARE SUCCESSORS IN INTEREST TO _____ OR NO ONE
(NAME OF PREVIOUS BUSINESS AND OWNER)

IN WITNESS WHEREOF WE HAVE SIGNED THIS CERTIFICATE ON
DAY OF _____, 20____

STATE OF NEW YORK
COUNTY OF TOMPKINS

ON _____ 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 PUBLIC