BK: R 8169



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| Interpretation of the property of the property

NC FEE \$26.00

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## **ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)**

Please print legibly.

1.	The assumed business name is:  Quality Lawn Care and Pressure Weshing
	(You may include no more than five (5) assumed business names on this form.)
2.	The real name of the person or entity engaging in business under the assumed business name is:
	(Corporations, LLC's, limited partnerships must provide the <u>exact_name</u> registered with the NC Secretary of State's office and the <u>SOSID number</u> assigned at the time of formation. Go to <u>www.sosnc.gov/br/search</u> to look up your information.)
3.	The nature/type of the business is: \cun Cere.
4.	The street address of the principal place of business is: (PO Boxes are not acceptable)
	2000 bannigan Drive Greensboro AC 27406
5.	The mailing address, if different from the street address, is:
6.	The counties where the assumed business name will be used to engage in business are:
	This certificate is signed by the owner/legal representative of the person or entity named above, this <u>28</u> day of <u>Suce</u> , 20 19.
N	Printed/Typed Name: 14500
\	Title: CFO (See instructions for who must sign for various business entity types.)