

ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)

Please print legibly.

1. The assumed business name is:

(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 exact name registered with the NC Secretary of State's office and the SOSID number assigned at the time of formation. Go to www.sosnc.gov/br/search to look up your information.)

3. The nature/type of the business is: _____

4. The street address of the principal place of business is: (PO Boxes are not acceptable)

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:

☐ All 100 North Carolina counties

This certificate is signed by the owner/legal representative of the person or entity named above,
this _____ day of _____, 20_____.

Signature: _____

Printed/Typed Name: _____

Title: _____

(See instructions for who must sign for various business entity types.)

Instructions for Completing an Assumed Business Name Certificate

Item 1: Enter the assumed business name(s) you propose to use. You may register up to five (5) assumed business names for use by the same person or entity on this form.

Item 2: Enter the name(s) of the person(s) or entity engaging in business under this name.

- For **sole proprietorships**, provide the real name of the individual.
- For **general partnerships**, if you have fewer than five (5) general partners, list all general partners. If there are five (5) or more general partners, then list only five (5) general partners.
- For **limited partnerships, limited liability limited partnerships, corporations, limited liability companies (LLCs)**, provide the:
 - Exact name as registered with the NC Secretary of State, and
 - SOSID number assigned by the NC Secretary of State.Go to www.sosnc.gov/br/search to look up this information.
- For **trusts**, the name specified in the trust instrument.
- For any other legal entity, list the legal name of the entity.

Item 3: Describe the nature of the business. What types of goods or services are being provided? (Examples: Lawn Maintenance, Personal Fitness Training, Retail Sales, House Repair)

Item 4: Enter the street address of the principal place of business, i.e., the physical location of where your business is primarily located. Post office boxes are not acceptable.

Item 5: Enter the mailing address, if it is different from the street address of the principal place of business.

Item 6: Enter the county or counties where you intend to do business. You may enter the names of as many counties as you would like, or you may check the box indicating "All 100 Counties" rather than listing counties separately.

Remember: you must file a certificate of amendment if you decide to engage in business in counties other than those you designate on your initial assumed business name certificate.

Execution of Certificate: Enter the date that you signed the certificate. Certificates must be signed by a person with the capacity listed below on behalf of the person(s) named in Item 2:

- **Sole proprietorship:** must be signed by the individual; title as "sole proprietor" or "owner".
- **General Partnership:** must be signed by a general partner.
- **Limited partnership:** must be signed by a general partner.
- **Corporation:** must be signed by an officer of the corporation.
- **Limited Liability Company:** must be signed by a manager, member, director or officer of the LLC.
- **Trust:** must be signed by a trustee or other person authorized to act on behalf of the trust.
- In the case of any other legal entity, the certificate must be signed in the name of the entity by an individual authorized to act for the entity.

Please note:

1. *These certificates do not expire or require renewal. **HOWEVER**, you must file an **Amendment of Assumed Business Name Certificate** within sixty (60) days of change of any information provided on this form.*
(See NCGS § 66-71.7)
2. *Knowingly signing a certificate that is false in any material respect is a Class 1 misdemeanor.*
(See NCGS § 66-71.14)

Office Location: Wake County Justice Center 300 S. Salisbury St. Suite 1700 Raleigh, NC 27601	Mailing Address: Wake County Register of Deeds Attention: Recording P.O. Box 1897 Raleigh, NC 27602-1897
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