## Business Certificate

I HEREBY CERTIFY that I am conducting or transacting business under the name or designation

of		
at		
City or Town of	County of	State of New York.
My full name is		
	Print or type name. If under 21 year	ears of age, state "I amyears of age".
and I reside at		
I FURTHER CERTIFY that	I am the successor in interes	st to
Trokinek cekin i mai	Tun the successor in there's	
the person or persons heretofore using such name or names to carry on or conduct or transact business.		
Type of business		(see next page)
IN WITNESS WHEREOF, I have signed this certificate on 20		
STATE OF NEW YORK, COUNTY OF	SS.:	
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 acknowled	ged to me that he/she/they execute	ed the same in his/her/their capacity(ies), and that by his/her/ehalf of which the individual(s) acted, executed the instrument.
		(signature and office of person taking acknowledgment)

Notary Stamp



State of New York County of

ss.:

State of County of

before me, the undersigned,

On personally appeared

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.

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.

(signature and office of individual taking acknowledgment)

(signature and office of individual taking acknowledgment)

INDEX No.

## Certificate

CONDUCTING BUSINESS UNDER THE NAME OF

GBL §130.4. A certified copy of the original certificate, or if an amended certificate has been filed, then of the most recent amended certificate filed shall be conspicuously displayed on the premises at each place in which the business for which the same was filed is conducted.

## Some counties request the type of business.

Consultant Services Medical—Home Care Services
Educational Services Professional—Technical Services

Entertainment–Recreation Real Estate Services

Finance–Insurance Services Retail Trade
Home Improvement Services Wholesale Trade

Other (state type)

ss.: