Business Certificate

I HEREBY CERTIFY that I am conducting/transacting business under the name (Anyone under eighteen must state age)

BUSINESS NAME:_					
ADDRESS:					
CITY:	STATI	E:	ZIP:		
Onondaga County, N	ew York State				
MY FULL NAME					
ADDRESS					
CITY:	STA	TE:	ZIP:_		
I FURTHER CERTI	FY that I am successo	or to:			
	iness has the same or	similar name		records in the Onondaga County Clerk's Office ntioned in this certificate and that I hold the	
Type of Business:		Phone #:			
	X				
STATE OF NEW YOU COUNTY OF ONONI					
On this	day of	20	, before me	e personally appeared	
name(s) is (are) subsc	cribed to the within i capacity(ies), and th	instrument a at by his/her	nd acknow their signa	ory evidence to be the individual(s) whose ledged to me that he/she/they executed the ature(s) on the instrument, the individual(s), one instrument.	

(Signature and Office of individual taking acknowledgment)