

Business Certificate for Partners

The undersigned certify that they are conducting or transacting business as members of a partnership under the name or designation of

at _____ County of _____ State of New York
and do further certify that the full names of all the persons conducting or transacting such partnership including the full names of all the partners with the residence address of each such person, and the age of any who may be infants, are as follows:

NAME Specify which are infants and state ages.

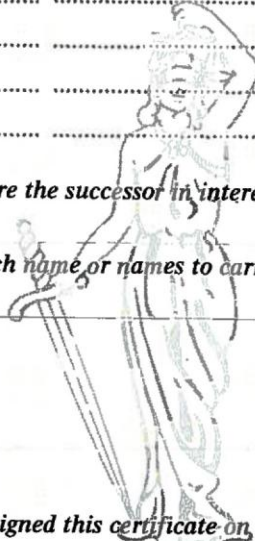
RESIDENCE

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.....

WE FURTHER CERTIFY that we are the successor in interest to

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, we have signed this certificate on

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.....
.....

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 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 person taking acknowledgment)

Notary Stamp

**State of New York
County of**

**ss.: State of
County of**

ss.:

On
personally appeared

before me, the undersigned,

On
personally appeared

before me, the undersigned,

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.

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(signature and office of individual taking acknowledgment)

(signature and office of individual taking acknowledgment)

INDEX No.

Certificate of

**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) | |