

REGISTRATION OF TRADE, BUSINESS & FICTITIOUS NAME SUPPLEMENTAL CERTIFICATE

County: New Castle Kent Sussex

Original File No.: _____ Date of Change: _____

TRADE NAME: _____

Business Address: _____

Phone Number: _____

Person, Firm or Association (Parent Company, if applicable) :

Names and addresses of ALL owners, members, or partners comprising the business:

Last Name	First Name	Address

Nature of Change: _____

State of _____

County _____

BEFORE ME, the Subscriber, a Notary Public of the State of _____, personally appeared a principal in the business described in the Certificate, who, having first been sworn by me according to law did depose and say as follows:

1. He/She is a principal in the business described in the certificate.
2. That the foregoing information provided in the certificate is true, correct, and complete.

_____ Affiant

Title: _____

SWORN AND SUBSCRIBED this _____ day of _____, _____.

Notary Public