

REGISTRATION OF ASSUMED BUSINESS NAME

STATE OF LOUISIANA

PARISH OF RAPIDES

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY CAME
AND APPEARED _____ WHO
AFTER BEING FIRST DULY SWORN DID DEPOSE AND SAY:

THAT THEY ARE OPERATING A BUSINESS UNDER THE ASSUMED NAME OF

(Please print clearly)

AND THAT THE ADDRESS OF AFFIANT AND/OR AFFIANTS IS:

CITY _____ STATE _____ ZIP _____

AFFIANT(S):

PRINTED NAME: _____

PRINTED NAME: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS
_____ DAY OF _____, 20____.

NOTARY PUBLIC