

TRUST AS OWNER

CERTIFICATE OF BUSINESS: FICTITIOUS FIRM NAME

**** THIS CERTIFICATE EXPIRES: _____ ****
(OFFICE USE ONLY)

Renewal New Filing *Contact Number:* _____ *Email:* _____

THE UNDERSIGNED do(es) hereby certify that _____ I AM/WE ARE
conducting a _____ business at
_____, _____, _____, _____
(Physical street address) (City) (State) (Zip code)

under the fictitious firm name of: _____

and that said firm is composed of the following *trust(s)* whose *trustee name(s)* and *physical address* is/are as follows:

Name of Trust _____

Trustee Name _____

Address _____, _____, _____, _____
(Physical street address) (City) (State) (Zip code)

Trustee Name _____

Address _____, _____, _____, _____
(Physical street address) (City) (State) (Zip code)

For additional trustees, please use additional pages

Alternate Mailing Address: _____, _____, _____, _____
(P.O. Box or Physical street address other than listed above) (City) (State) (Zip code)

Prior Related DBA Filing (if applicable): _____

WITNESS my hand this ____ day of _____, 20 ____.

Trustee Signature

Trustee Signature

STATE OF _____ }
COUNTY OF _____ } ss.

On this ____ day of _____, 20 ____ personally appeared before me, a Notary Public,

(Name of individual(s) whose signature is/are being notarized)

who acknowledged that he/she/they executed the above instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official stamp at my office in the County of _____ the day and year in this certificate first above written.

For office use only

IF SUBMITTING A NOTARIZED DOCUMENT, PLEASE PROVIDE AN ORIGINAL AND 3 COPIES, A SELF-ADDRESSED STAMPED ENVELOPE AND \$25.00 FILING FEE TO:
WASHOE COUNTY CLERK
1001 E. Ninth Street, Bldg. A
RENO, NV 89512

Signature of Notary Public

TRUST AS OWNER

CERTIFICATE OF BUSINESS: FICTITIOUS FIRM NAME

THIS CERTIFICATE EXPIRES: _____
(OFFICE USE ONLY)

Renewal New Filing

THE UNDERSIGNED do(es) hereby certify that _____ I AM/WE ARE
conducting a _____ BRIEF DESCRIPTION OF THE TYPE OF BUSINESS _____ business at
_____ NO MAIL BOXES OR MAIL DROPS _____,
(Physical street address) (City) (State) (Zip code)

under the fictitious firm name of: _____ NAME OF BUSINESS _____

and that said firm is composed of the following trust(s) whose trustee name(s) and physical address is/are as follows:

Name of Trust _____ EXACT NAME OF TRUST, INCLUDING DATE (IF APPLICABLE) _____

Trustee Name _____

Address _____,
(Physical street address) (City) (State) (Zip code)

Trustee Name _____

Address _____,
(Physical street address) (City) (State) (Zip code)

ALL TRUSTEES MUST BE INDIVIDUALS, WITH PRODDR AND SIGNATURE CL
For additional trustee information, please use additional forms.

Alternate Mailing Address _____,
(Physical street address) (City) (State) (Zip code)

Prior Relationship to Filing Applicant _____
(City) (State) (Zip code)

ES' _____ this _____ day of _____, 20 _____.

Trustee Signature

Trustee Signature

STATE OF _____ }
COUNTY OF _____ } ss. NOTARY MUST COMPLETE LOWER PORTION OF THIS DOCUMENT

On this _____ day of _____, 20 ____ personally appeared before me, a Notary Public,

(Name of individual(s) whose signature is/are being notarized)

who acknowledged that he/she/they executed the above instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official stamp at my office in the County of _____ the day and year in this certificate first above written.

Signature of Notary Public

***** SUBMIT ORIGINAL, THREE COPIES, AND \$25.00 FILING FEE *****

PURSUANT TO NRS 602.010 EVERY PERSON (OR ENTITY) DOING BUSINESS IN THIS STATE UNDER AN ASSUMED OR FICTITIOUS NAME **THAT IS IN ANY WAY DIFFERENT FROM THE LEGAL NAME OF EACH PERSON (OR ENTITY)** WHO OWNS AN INTEREST IN THE BUSINESS MUST FILE WITH THE COUNTY CLERK OF EACH COUNTY IN WHICH THE BUSINESS IS BEING CONDUCTED A CERTIFICATE CONTAINING THE INFORMATION REQUIRED BY NRS 602.020.

The purpose of the fictitious name statute is to prevent fraud and to inform the public of the true identity of those with whom the public conducts business.

TO COMPLETE THE OWNER SECTION, IF AN OWNER IS:

INDIVIDUAL(S): STATE FULL NAME AND STREET ADDRESS OF EACH OWNER. OWNER MUST SIGN.

GENERAL PARTNERSHIP: STATE FULL NAME AND STREET ADDRESS OF EACH PARTNER. EACH PARTNER MUST SIGN.

TRUST: STATE FULL NAME OF THE TRUST AS IT APPEARS ON YOUR CERTIFICATE OF TRUST. STATE THE NAME AND STREET ADDRESS OF EACH TRUSTEE, AND DESIGNATE "TRUSTEE" AFTER EACH NAME. **INCLUDE A COPY OF YOUR CERTIFICATE OF TRUST. ALL TRUSTEES MUST SIGN.**

CORPORATION: STATE THE FULL CORPORATE NAME AND ADDRESS. STATE THE NAME AND TITLE OF THE PERSON SIGNING FOR THE CORPORATION. *ALL corporations must be on file with the Nevada Secretary of State.*

LIMITED LIABILITY COMPANY: STATE THE FULL LIMITED LIABILITY COMPANY NAME AND ADDRESS. STATE THE NAME AND TITLE OF THE PERSON SIGNING FOR THE LLC. *ALL LLCs must be on file with the Nevada Secretary of State.*

LIMITED PARTNERSHIP: STATE THE FULL LIMITED PARTNERSHIP NAME AND ADDRESS. STATE THE NAME AND TITLE OF THE PERSON SIGNING FOR THE LIMITED PARTNERSHIP. *ALL limited partnerships must be on file with the Nevada Secretary of State.*

BUSINESS TRUST: STATE FULL AND MAILING ADDRESS OF THE BUSINESS TRUST. STATE THE NAME AND TITLE OF THE TRUSTEE SIGNING FOR THE BUSINESS TRUST. *ALL business trusts must be on file with the Nevada Secretary of State.*

**PERSONS SIGNING THE CERTIFICATE ON BEHALF OF AN ENTITY,
MUST HAVE THE AUTHORITY TO BIND THE OWNER TO A CONTRACT.
NRS 602.020(2)(a)(2)**

ALL SIGNATURES MUST BE NOTARIZED

HELPFUL INFORMATION:

* ALL NEVADA CORPORATIONS, LIMITED LIABILITY COMPANIES, BUSINESS TRUSTS, LIMITED PARTNERSHIPS AND NON PROFIT ORGANIZATIONS MUST BE ON FILE WITH THE SECRETARY OF STATE OF NEVADA AND MUST BE IN "GOOD STANDING" STATUS.

* POST OFFICE BOXES AND PRIVATE MAIL BOXES/DROPS CANNOT BE USED IN LIEU OF A STREET ADDRESS.

* THE REAL ESTATE DIVISION REQUIRES PRIOR APPROVAL OF THE BUSINESS NAME.

* IT IS SUGGESTED THAT CONTRACTORS HAVE NAME APPROVAL BY THE NEVADA CONTRACTORS BOARD PRIOR TO THIS FILING.

* INSURANCE BUSINESSES MUST HAVE THE REQUIRED LICENSING, OR AN APPLICATION PENDING, WITH THE NEVADA DIVISION OF INSURANCE PRIOR TO THIS FILING.

* FINANCE RELATED BUSINESSES MUST HAVE THE REQUIRED LICENSING, OR AN APPLICATION PENDING, WITH THE NEVADA DIVISION OF FINANCIAL INSTITUTIONS PRIOR TO THIS FILING.

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TO:

WASHOE COUNTY CLERK
1001 E. Ninth Street, Bldg. A
RENO, NV 89512

QUESTIONS? CALL (775) 784-7287