

**TRANSFER OF ASSUMED NAME FOR A SOLE PROPRIETORSHIP, PARTNERSHIP,
LIMITED PARTNERSHIP**

1. The assumed name being transferred is:

2. The business is a check one:

_____ Sole Proprietorship _____ Partnership _____ Limited Partnership

3. The certificate of assumed name was originally filed in _____ County on the
_____ day of _____, 20____.

4. The effective date of the transfer is the _____ day of _____, 20____.

5. The following persons have ceased engaging in business under the aforementioned assumed name (name and address of all owners of said business - owners for sole proprietorship, general partners for partnerships):

6. The name and address of the transferee(s) of said assumed name is (are):

In witness whereof, this certificate is signed by each transferor of said business, this _____ day of
_____, 20____.

This filing does not relieve transferee(s) of the obligation to file a Certificate of Assumed Name.

State of _____

County of _____

I, _____, a Notary Public, do hereby certify that on this _____ day of
_____, 20____.

_____ name/title) personally appeared before me and acknowledged the execution of the foregoing instrument for the purpose therein expressed.

Witness my hand and official seal, this the _____ day of _____, 20____.

(Affix Notary Seal)

Notary Public

My Commission Expires:

Mailing Address: Columbus County Register of Deeds, P. O. Box 1086, Whiteville, NC 28472