

**CERTIFICATE REQUIRED UNDER SECTION 59.1-69, CODE OF VIRGINIA, AS  
AMENDED DOING BUSINESS UNDER AN ASSUMED OR FICTITIOUS NAME**

The full name of the person composing the below named sole-proprietorship, and his/her respective post office and residence address is:

NAME	STREET ADDRESS	CITY & STATE
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The name of the firm is \_\_\_\_\_.

The length of time for which it is to continue is indefinite.

The locality of the place of business of the said firm is \_\_\_\_\_,  
Chesapeake, Virginia.

In Testimony whereof, I have hereunto signed my name this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

STATE OF VIRGINIA,  
CITY OR COUNTY OF \_\_\_\_\_, to-wit:

I, \_\_\_\_\_, a Notary Public in and for the \_\_\_\_\_  
aforesaid, whose commission expires on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, do hereby  
certify that \_\_\_\_\_ whose name is signed to the foregoing  
certificate, has acknowledged the same before me on this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

VIRGINIA: In the Clerk's Office of the Circuit Court in the City of Chesapeake, on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
This certificate was this day received and upon certificate of acknowledgment thereto annexed, admitted to record.

Teste: FAYE W. MITCHELL, CLERK  
By \_\_\_\_\_ D.C.