N.J. CERTIFICATE OF BUSINESS TRADE NAME

This is to certify that the following statement is made by the undersigned pursuant to the provisions of N.J.S.A. 56:1-1 et seq (“Business and Partnership Names”):

The name under which the business is now or is about to be conducted is:__________________________

The nature of the business is:_______________________________________________________________

The address where said business is now or is about to be conducted is:______________________________

____________________________________________________________________________________

The full printed name, residence and post-office address of each person connected with said business as a member of the firm, partner or owner conducting or about to be conducting the said business is:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Business Telephone Number: ________________________________

Non-residents of the State of New Jersey, do hereby appoint the Cape May County Clerk, and her successors in office, our true and lawful attorney, upon whom all original process in any legal proceeding against said firm or partnership may be served, and hereby agree that such original process which may be served on such County Clerk may be of the same force and validity as if served upon said nonresident partner or partners, the authority hereby granted shall continue in force so long as the firm or partnership does business in the state of New Jersey under said name.

Witnessed by:

Signature(s) of the Business Owner(s) with printed name(s):

__________________________________  __________________________________________________

Date:       __________________________________________________

__________________________________________________

STATE OF NEW JERSEY, COUNTY OF ________________________________:

who, I am satisfied is/are the person(s) named in the foregoing certificate, have/have personally appeared before me and , after being duly sworn has/have certified that the statements contained therein are true.

Sworn and subscribed before me this ____________________________ day of ______________________, 20_________

________________________________________________________(signature of notary public)

Printed name of notary public:

Expiration of commission:

Notice: This form is provided as a convenience to the customers of the Cape May County Clerk. It does not imply legal advice as to the form or its content. The filing of this Trade Name Certificate does not preclude the use of this name by an incorporated entity.