

State of North Carolina
County of Buncombe

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

(1) The Assumed Name being transferred is:

(2) This business is a (CHECK ONE):

Sole Proprietorship Partnership Limited Partnership

(3) The Certificate of Assumed Name was originally filed in _____ County
on _____ day of _____, 20_____.

(4) The effective date of the withdrawal is _____ day of _____, 20_____.

(5) The following owners have ceased engaging in business under the aforementioned Assumed Name (Give
the name and address of the each owner):

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

IN WITNESS WHEREOF, this certificate is signed by each of the owners of said business, this
_____ day of _____, 20_____.

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

State of North Carolina
County of Buncombe

I, _____, a Notary Public in and for the County and State aforesaid,

do hereby certify that _____
(Name/Title)

_____ this day personally appeared before me and acknowledged the execution of the foregoing
instrument for the purpose therein expressed.

Witness My Hand and Official Seal this _____ day of _____, 20_____.
My Commission Expires:

Notary Public