under the name or designation of:

**Business Certificate for Partners** 

THE UNDERSIGNED DO HEREBY CERTIFY that they are conducting or transacting business as members of a partnership

Business Name:					
Address:					
City: in the County of Broome, State o	State: f New York.			Zip:	
The full names and residence add persons who are infants are as fol		ns conducting th	e business, includir	ng all partners, and th	e ages of any such
Name (Specify which are infant	s and state ages)	Residen	ce		
WE DO FURTHER CERTIFY	that we are successor	s in interest to:	(Name of previ	ious business and ow	ner, if applicable)
DO NOT COMPLI					
IN WITNESS WHEREOF, we	have this	day of	, 20	made and signed t	his certificate.
STATE OF NEW YORK:					
: ss.: COUNTY OF BROOME :					
On this day of		, year	, before personally known	me, the undersigned to me or proved to m	personally appeared ne on the basis of
satisfactory evidence to be the ince executed the same in his/her capa which the individual acted, execu	dividual whose name is city and that by his/he	is subscribed to t	he within instrumei	nt and acknowledged	to me that he/she
Signature and Office of Individual taking	acknowledgement - Notary	Public			

STATE OF NE	EW YORK :			
COUNTY OF I	: ss.: BROOME :			
On this	day of	, year	, before me, the undersigned personally appeared, personally known to n	ne or
acknowledged		ated the same in his/her/th	al whose name is subscribed to the within instrument and eir capacity and that by his/her/their signature on the instru	
Signature and Office	ce of Individual taking acknowledg	gement - Notary Public		
STATE OF NE				
COUNTY OF I	: ss.: BROOME :			
On this	day of	, year	, before me, the undersigned personally appeared, personally known to n	ne or
acknowledged		ated the same in his/her/th	al whose name is subscribed to the within instrument and eir capacity and that by his/her/their signature on the instru	
Signature and Office	ce of Individual taking acknowledg	gement - Notary Public		
STATE OF NE	EW YORK : : ss.:			
COUNTY OF I	BROOME :			
On this	day of	, year	, before me, the undersigned personally appeared , personally known to n	ne or
acknowledged		ated the same in his/her/th	al whose name is subscribed to the within instrument and eir capacity and that by his/her/their signature on the instru	
Signature and Office	ce of Individual taking acknowledg	gement - Notary Public		