

CERTIFICATE OF BUSINESS
FICTITIOUS FIRM NAME

ADDRESS CHANGE FORM

Current Certificate File Number: _____

Fictitious Firm Name (DBA): Owner Requesting Change: _____
(Please type or print full name as it appears on current certificate)

Date: _____ X _____
(Signature of owner or authorized individual requesting change)

Change Business Address From: _____
Street Address

City, State, Zip

Change Business Address To: _____
Street Address

City, State, Zip

AND/OR

Change Mailing Address From: _____
Street Address

City, State, Zip

Change Mailing Address To: _____
Street Address

City, State, Zip

ESTABLISHED SINCE _____ IN EUREKA COUNTY SINCE _____

WITNESS my hand this day of _____, 20 ____

(Signature of owners, partners or authorized officer)

STATE OF NEVADA,)
COUNTY OF EUREKA.)

On this _____ day of _____, before me _____,
a Notary Public in and for the said County and State, residing therein, duly commissioned and sworn, personally appeared _____
_____ and known to me to be the person(s) whose name(s) subscribed to the within Instrument,
and acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official stamp at my office in the County of Eureka
the day and year in this certificate first above written.

Signature of Notary

There is no fee for filing Address Change Form.
Submit by Mail to: Eureka Count Clerk Recorder,
PO Box 540, Eureka, NV 89316