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| CERTIFIC | | PARTNERSHIP FORSYTH COUNTY, | | | ASSUN | MED NAME |
| Each of the undersigned information with the Regis | d hereby certific | es that he proposes to en | ngage in a busi | ness in Forsyth Count | y, N.C. 20 | d files the following |
| THE BUSINESS | or or rocks or | zorsym county, pursus | mi w mo provi | 510115 VI 0.0. 00 00. | | |
| Name: B & A | BA BA | BER SAPRY | / | | | |
| Address: | 4909 | SHULBROOK | PR U | uls NC | 27/ | u 5 |
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| THE OWNERS | | | <u></u> | | | |
| First Name M | liddle Name | Last Namo | | Residence Address | | |
| HOTHON LO | WIS | | | 4909 SHV. | LBROOM | EDR JSAC |
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| Name of Corporation | | ATT | EST | | | |
| If Owner is A Corporation Name of Corporation Home Office Address By: | | | EST | | | |
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