

After recording to:

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RECORDING TIME  
PRESENTED FOR  
REGISTRATION  
AND RECORDED

BK 1744 P3492

'92 MAY 14 AIO:57

16P

L.E. SPEAS  
REGISTER OF DEEDS  
FORSYTH CO. N.C.

PROBATE AND FILING FEE \$5.00 PAID

**CERTIFICATE OF PARTNERSHIP OR BUSINESS UNDER ASSUMED NAME**  
FORSYTH COUNTY, NORTH CAROLINA

Each of the undersigned hereby certifies that he proposes to engage in a business in Forsyth County, N.C. and files the following information with the Register of Deeds of Forsyth County, pursuant to the provisions of G.S. 66-68:

**THE BUSINESS**

Name: Z-Med Services  
Address: P.O. Box 835 Walkertown NC 27051  
3190 Old Hollow rd. Street & No. City-State-Zip

**THE OWNERS**

First Name	Middle Name	Last Name	Residence Address
Daren	Frank	Ziglar	PO Box 835 / 3190 Old Hollow rd Walkertown NC 27051

Signed: Daren Frank Ziglar

If Owner is A Corporation

Name of Corporation  
Home Office Address

ATTEST

By: \_\_\_\_\_  
President Secretary Corporate Seal

STATE OF NORTH CAROLINA - Forsyth County

I, \_\_\_\_\_, a Notary Public of Forsyth County, NC, do hereby certify that \_\_\_\_\_ personally came before me this day and acknowledged that he is \_\_\_\_\_ secretary of \_\_\_\_\_ a North Carolina corporation, and that by authority duly given as the act of the corporation, the foregoing instrument was signed in its name by its \_\_\_\_\_ President, sealed with its corporate seal and attested by \_\_\_\_\_ as its Secretary.

Witness my hand and notarial seal this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

SEAL/STAMP My commission expires \_\_\_\_\_, 19\_\_\_\_ Notary Public

STATE OF NORTH CAROLINA - Forsyth County

I, Jessie Holden Deputy Register of Deeds, a Notary Public of Forsyth County, NC, do hereby certify that Daren F. Ziglar

personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and notarial seal this the 14 day of May, 1992  
L.E. SPEAS, REGISTER OF DEEDS  
My commission expires \_\_\_\_\_, 19\_\_\_\_  
Jessie Holden Deputy Notary Public

SEAL/STAMP \$2.00 pd

The foregoing Certificate(s) of \_\_\_\_\_ is/are certified to be correct.

This the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

L.E. Speas, Register of Deeds for Forsyth County by:

Deputy/Assistant