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FORSYTH CO, NC FEE \$26.00 PRESENTED & RECORDED:

10-14-2022 10:55:38 AM LYNNE JOHNSON REGISTER OF DEEDS BY: ANGELA BOOE, DPTY

BK: RE 3723 PG: 459-459

ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)

Please print leaibly

	rease print regions.
1.	the assumed business fiame is:
	one Slop Shop
	(You may include no more than five (5) assumed business names on this form.)
7	
2.	The real name of the person or entity engaging in business under the assumed business name is:
	Zond TPE Colmon LLE SSID# 8988/31
	(Corporations, LLC's, limited partnerships must provide the <u>exact</u> name registered with the NC Secretary of State's office and the <u>SOSID number</u> assigned at the time of formation. Go to <u>www.sosnc.gov/br/search</u> to look up your information.)
3,	The nature/type of the business is: Conviner Slove and Doe
4.	The street address of the principal place of husiness is: (BO Boyes
	The mailing address, if different from the street address.
5.	The mailing address, if different from the street address, is:
6.	The counties where the assumed business name will be used to engage in business are:
į	전 All 100 North Carolina counties
	FORSVIL
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ד	his certificate is signed by the course (
t	his certificate is signed by the owner/legal representative of the person or entity named above, his 12 day of 3 colors.
S	ignature: Zahn Ahmed
P	rinted/Typed Name: ZESHAN AHMED
Ti	tle: <u>SUNDS</u> <u>Member Manager of Z and ZEE Corner UC</u> (See instructions for who must sign for various business entity types.)
	Assumed Business Namo Contistant

ned Business Name Certificate

Original to: <u>Zestan Ahmed</u>