il after recording to:	BK1720	P 0 1		RECORDING TIME
eith N. Griffin				
34 Brookford Roa	id			י מספר משורים ביות
rnersville, N.C.	27284			PRESENTED FOR REGISTRATION
4				REGISTRATION AND RECORDED
				*** *** *** ***
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				. = 00=10
				L.E. SPEAS REGISTER OF DEEDS
		7×	35	FORSYTH CO. N.C. St
			00	PROBATE AND FILING FEE \$ 5.00 PAID
CEDTEIC A	TE OF DAD	TNERS	HIP O	R BUSINESS UNDER ASSUMED NAME
CERTIFICA	FOR:	SYTH COU	INTY. N	ORTH CAROLINA
7 1 - Calo medamionad b	ereby certifies the	t he propose	es to eng	age in a business in Forsyth County, N.C. and files the following
Each of the undersigned in Sometion with the Register	of Deeds of Fors	th County,	pursuant	t to the provisions of G.S. 66-68:
			-	
THE BUSINESS				
Name: M 4 G	ENTERP	RISES		
		_		FRAFREDULF N.C- 27284
	ROOKFORD	<u> </u>	4_	ERNERS VILLE N.C- 27284
OTTHERD				
THE OWNERS			 -	Residence Address
First Name Midd	IIc Name	Last Name	5	
KEITH 1	VELSON_	GRIF	FIN	1834 BROOKFORD RD. KERNERS
	COBERT	MORI	EY	5941 TIMBERWOOD TR. KERNERS
JOHN 1	CONNEC			
Signed:	<u> </u>			
Luld A.	S/-			
John R 2	S/-			
Luld M.	D/- Norwy			
John R 2	S/- Norwy			
If Owner is A Corporation	S/- Norwy			
If Owner is A Corporation	D/- Norwy		ATT	TEST
If Owner is A Corporation Name of Corporation	S/- Norien		ATT	TEST
If Owner is A Corporation Name of Corporation	(ATT	TEST Secretary Corporate Scal
If Owner is A Corporation Name of Corporation Home Office Address By:		President		Secretary Corporate Scal
If Owner is A Corporation Name of Corporation Home Office Address	ROLINA – Forsyt	h County		Secretary Corporate Scal
If Owner is A Corporation Name of Corporation Home Office Address By:	ROLINA - Forsyt	h County		Secretary Corporate Scal
If Owner is A Corporation Name of Corporation Home Office Address By:	ROLINA - Forsyt I, certify that	h County	A is	
If Owner is A Corporation Name of Corporation Home Office Address By:	ROLINA - Forsyt I, certify that acknowledge	h County	e is	
If Owner is A Corporation Name of Corporation Home Office Address By:	ROLINA - Forsyt I, certify that _ acknowledge a North Care	h County d thath olina corpor	e is	
If Owner is A Corporation Name of Corporation Home Office Address By:	ROLINA - Forsyt I, certify that acknowledge a North Care foregoing in seal and atte	th County d thath olina corpor strument wa	e is ration, an	
If Owner is A Corporation Name of Corporation Home Office Address By:	ROLINA - Forsyt I, certify that _ acknowledge a North Car- foregoing in seal and atte Witness my	th County ad thath collina corpor strument was sted by hand and no	e isration, an	
If Owner is A Corporation Name of Corporation Home Office Address By: STATE OF NORTH CAF	COLINA - Forsyt I, certify that acknowledge a North Car- foregoing in seal and atte Witness my My commis	cd thatb. colina corpor strument was sted by hand and no	e isation, an as signed otarial se	
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Foreigh County Buginer of Dooks form BUAN 4/50

This the _____ day of ______, 19____.

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

__ Deputy/Assistant

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is/are certified to be correct.