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

Karen Pierce

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. Fox Griffin Construction Co.
Address: 435 W. 25th ST. Winston-Salem, N.C. 27105
Street & No. City-State-Zip

THE OWNERS

First Name	Middle Name	Last Name	Residence Address
<u>Mark</u>	<u>EUGENE</u>	<u>Griffin</u>	<u>435 W 25th ST. W.S., NC. 27105</u>

mail:

Signed: Mark E. Griffin

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, Karen Pierce, Deputy Register of Deeds, a Notary Public of Forsyth County, NC, do hereby certify that Mark E. Griffin

personally appeared before me this day and acknowledged the execution of the foregoing instrument.
Witness my hand and notarial seal this the 30 day of Sept, 1992.

SEAL/STAMP #2.00pd My commission expires _____, 19____. Karen Pierce, Deputy Notary Public

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