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FORSYTH CO. NC FEE \$26.00
PRESENTED & RECORDED
01/06/2022 04:04:21 PM
LYNNE JOHNSON
REGISTER OF DEEDS
BY: ANGELA BOOE
DPTY

BK: RE 3668
PG: 183 - 183

ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)

Please print legibly.

1. The assumed business name is:

Quality Inn

(You may include no more than five (5) assumed business names on this form.)

2. The real name of the person or entity engaging in business under the assumed business name is:

iCare Hospitality Clemmons, LLC

(Corporations, LLC's, limited partnerships must provide the exact name registered with the NC Secretary of State's office and the SOSID number assigned at the time of formation. Go to www.sosnc.gov/br/search to look up your information.)

3. The nature/type of the business is: hotel

4. The street address of the principal place of business is: (PO Boxes are not acceptable)

6320 Amp Drive Clemmons, NC 27012

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:

All 100 North Carolina counties Forsyth County

This certificate is signed by the owner/legal representative of the person or entity named above, this 6th day of January, 2022.

Signature: 

Printed/Typed Name: Hemesh Yadav

Title: Manager

(See instructions for who must sign for various business entity types.)