

TRADE NAME REGISTRATION

AFFIDAVIT

Georgia, _____ County

To Whom it may concern:

Please be advised that, _____ whose address is _____

And, _____ whose address is _____

Is/are the owner(s) of the certain business now being carried on at _____

In the following **Trade Name**, to wit _____; and the nature of
said business is: _____

This statement is made in conformity with O.C.G.A. 10-1-490 et seq. requiring the filing of such
Statement with the Clerk of Superior Court of this county.

This _____ day of _____, _____.

Filing Party Signature

Printed Name

Title

VERIFICATION

Georgia, _____ County

Personally appeared before the undersigned officer,

Who says under oath that the above and foregoing statement is true.

Sworn to and subscribed before me on

This _____ day of _____, _____.

Notary Public

_____ County, State of Georgia