

NOTE: Each business member must sign twice: once on the Certificate and once on the affidavit.

B0051P090

CERTIFICATE OF TRADE NAME

14536

Augusta Barber Shop

(PRINT or type FULL NAME OF BUSINESS)

We (or) I, the undersigned do hereby certify that we (or) I intend to conduct and transact the business of:

Barbering or haircutting

(PRINT or type CHARACTER OF BUSINESS)

under the name above set forth at:

Rt 206 Augusta NJ Municipality: Frankford twp

(PRINT or type address where business is to be transacted) (Township, physical location of business)

That the true and real full name of the person(s) who will transact said business, and the full post office address(es) is or are as follows:

Cheryl Diaz

(print or type name)

49 Black oak dr. Vernon

(print or type address)

JAMES A. COSMANS

(print or type name)

102 Valley View Trail, Sparta,

(print or type address)

(print or type name)

(print or type address)

(print or type name)

(print or type address)

IN WITNESS WHEREOF, we (or) I have hereunto signed and sealed this certificate dated 01-08-04

Each of the undersigned who is not residing in the State of New Jersey constitutes the County Clerk of the County of Sussex, State of New Jersey, and his successors in office, his true and lawful attorney, upon whom all original process in an action or legal proceeding against him for any debt, damages or liability, contracted or incurred by him, in or growing or of, the transaction of said business in the State of New Jersey, may be served on said County Clerk shall be of the same force and validity as if served upon him and that such authority shall continue in force so long as he transacts said business in the State of New Jersey.

Signed, sealed and delivered in the presence of

[Signature]

(sign name)

[Signature]

(sign name)

[Signature]

(sign name)

[Signature]

(sign name)

[Signature]

(witness sign name)

EACH MEMBER OF THE FIRM MUST SWEAR TO THE FOLLOWING AFFIDAVIT:

State of New Jersey County of Sussex The undersigned being duly sworn upon his, her or their oath according to law say that he, she or they have read the foregoing certificate and that the statements therein are true.

Sworn and subscribed to before me this 8 day of JANUARY, A.D., 2004 at NEWTON, NJ

[Signature] Dep. Co. Clerk Signed by Attorney, Notary Public or other person authorized under law to take oath in New Jersey.

[Signature]

(sign name)

[Signature]

(sign name)

[Signature]

(sign name)

[Signature]

(sign name)

REC'D & RECORDED 2001 JAN 8 PM 1 09 ERMA GORMLEY SUSSEX COUNTY CLERK NEWTON, N.J.

