## CERTIFICATE OF FICTITIOUS NAME

OF_		
	(Name of Business)	

Know all men by these present:	
That	and
(Print Name of Partner)	
(Print Name of Partner)	
are associated as partners in the business of ownership a	and management of:
Under the firm name	e of
(Type of Business)	(Name of Business)
that is located at:	
(Address of Business)	
That partnership is a General Partnership, dating from the	day of, 20
That all partners reside in Osage County and that there are	e no other partners in said partnership.
Dated this day of	, 20
	Signature of Partner
	Signature of Partner
State of Oklahoma County of Osage	C
The foregoing instrument was acknowledged before me th	nis day of
Byand	
Individually	Individually
My Commission expires:	
	Notary Public