

USING THIS REVISABLE PDF FORM

1. Attachments - none.
2. Preparation details –
 - a. CC-1050 - Certificate of Assumed or Fictitious Name, Page 1 of 2 is completed by person, partnership, limited liability company or corporation to conduct or transact business in the Commonwealth under an assumed or fictitious name as required by Virginia Code § 59.1-69.
 - b. The entity type identified at Data Element 3 determines whether to complete section 2 A, 2 B or 2 C of the form.
 - i. If the business is owned by a sole proprietorship, complete section 2 A of the form. See Data Elements 4-6 on page 1 of the form.
 - ii. If the business is owned by a partnership, complete section 2 B of the form. See Data Elements 7-13 on page 1 of the form.
 - iii. If the business is owned by a corporation or limited liability company, complete section 2 C of the form. See Data Elements 14-19 on page 1 of the form.
 - c. If the business is a general partnership, complete, in addition, Page 2 of the form. See Data Element 10 on page 1 of the form and Data Elements 1-10 on page 2 of the form.
 - d. As appropriate, a certified copy of this form must be filed by the person, partnership, limited liability company or corporation with the State Corporation Commission. See Using This Revisable PDF Form 3 a, b and c and Data Elements 11, 12, 14 on page 1 of the form.
 - e. Signatures are not entered online.
 - f. Data Elements 28-31 on page 1 of the form and Data Elements 5-10 on page 2 of the form are completed by the clerk, deputy clerk or notary public taking the acknowledgment and are not filled in online.
 - g. Data Elements 32-35 on page 1 of the form are completed by clerk's office personnel only and are not filled in online.
3. Copies –
 - a. A certified copy of this certificate must be filed with the State Corporation Commission if the business is owned by a domestic limited partnership.
 - b. A certified copy of this certificate must be filed with the State Corporation Commission if the business is owned by a foreign limited partnership.
 - c. A certified copy of this certificate must be filed with the State Corporation Commission if the

business is owned by a corporation or by a limited liability company.

DATA ELEMENTS for page 1 of form

1. Check applicable box for city or county and enter name of circuit court.
2. Enter assumed name or fictitious name of business.
3. Check applicable box to indicate type of entity.
4. If a sole proprietorship, enter name of owner.
5. If a sole proprietorship, enter residence address of owner.
6. If a sole proprietorship, enter post office address of owner.
7. If a partnership, enter name of partnership.
8. If a partnership, enter office address of partnership.
9. If a partnership, enter post office address of partnership.
10. As appropriate, check applicable box.
11. As appropriate, check applicable box.
12. As appropriate, check applicable box.
13. If a foreign limited partnership, enter date certificate issued by the State Corporation Commission.
14. As appropriate, check applicable box to indicate type of entity.
15. Enter name of corporation or limited liability company.
16. Enter office address of corporation or limited liability company.
17. Enter post office address of corporation or limited liability company.
18. As appropriate, check applicable box.
19. If a foreign corporation or a foreign limited liability company, enter date certificate issued by the State Corporation Commission.
20. If a sole proprietorship, print name of owner.
21. Signature of owner of sole proprietorship. Signature not entered online.

DATA ELEMENTS for page 1 of form, continued

- 22. If a partnership, print name of general partner.
- 23. Signature of general partner of partnership. Signature not entered online.
- 24. If a corporation, print name of president.
- 25. Signature of president of corporation. Signature not entered online.
- 26. If a limited liability company, print name of member/manager.
- 27. Signature of member/manager of limited liability company. Signature not entered online.
- 28. Check applicable box and enter the city or county and the state where Certificate of Acknowledgement is completed. Not filled out online.
- 29. Date (day, month and year) of acknowledgement of this document. Not filled out online.
- 30. Date Notary Public's commission expires. Not filled out online.
- 31. Signature of official taking acknowledgement. Check applicable box to indicate title.

DATA ELEMENTS 32-35 of page 1 of form FOR CLERK'S OFFICE USE ONLY

- 32. Enter name of circuit court. Not filled out online.
- 33. Enter date document filed. Not filled out online.
- 34. Print name of clerk. Not filled out online.
- 35. Signature of deputy clerk receiving document. Signature not entered online.

CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

Commonwealth of Virginia

This is to certify that the below named person, partnership, limited liability company or corporation intends to conduct or transact business under an assumed or fictitious name in the [] City [] County of **1**

1. The ASSUMED OR FICTITIOUS NAME of business:

NAME: **2**

2. The above business is owned by the following entity type:

3 [] SOLE PROPRIETORSHIP (Complete A below) [] PARTNERSHIP (Complete B below)
[] LIMITED LIABILITY COMPANY (Complete C below) [] CORPORATION (Complete C below).

A. NAME OF OWNER: **4**

RESIDENCE ADDRESS: **5**

POST OFFICE ADDRESS: **6**

B. NAME OF PARTNERSHIP: **7**

OFFICE ADDRESS: **8**

POST OFFICE ADDRESS: **9**

10 (1) Is this a general partnership? [] NO [] YES. If YES, complete the Statement of Partners on Page Two of Two.

11 (2) Is this a domestic limited partnership? [] NO [] YES. If YES, a certified copy of this certificate must be filed with the State Corporation Commission. § 59.1-70.

12 (3) Is this a foreign limited partnership? [] NO [] YES. If YES, indicate the date of the certificate of registration to transact business in the Commonwealth of Virginia issued by the State Corporation

Commission: **13**

A certified copy of this certificate must be filed with the State Corporation Commission § 59.1-70.

14 C. NAME OF [] CORPORATION [] LIMITED LIABILITY COMPANY:

..... **15**

OFFICE ADDRESS: **16**

POST OFFICE ADDRESS: **17**

(1) A corporation or limited liability company must file a certified copy of this certificate with the State Corporation Commission. § 59.1-70.

(2) Is this a foreign corporation or a foreign limited liability company? [] NO [] YES. If YES, indicate the date of the certificate of authority/registration to transact business in the Commonwealth of Virginia issued by the State

Corporation Commission: **18**

ACKNOWLEDGMENT

I certify that the foregoing is true and correct to the best of my knowledge and belief.

Sole Proprietorship **20**
NAME OF OWNER

..... **21**
SIGNATURE OF OWNER

Partnership **22**
NAME OF GENERAL PARTNER

..... **23**
SIGNATURE OF GENERAL PARTNER

Corporation **24**
NAME OF PRESIDENT

..... **25**
SIGNATURE OF PRESIDENT

Limited Liability Company **26**
NAME OF MEMBER/MANAGER

..... **27**
SIGNATURE OF MEMBER/MANAGER

[] City [] County of **28** State of

Acknowledged, subscribed and sworn to before me this day of **29**, 20

My commission expires **30**

..... **31**
[] CLERK/DEPUTY CLERK [] NOTARY PUBLIC

CLERK'S OFFICE

Filed in the Clerks' Office of the **32** Circuit Court on **33**
DATE

..... **34**, Clerk by **35**, Deputy Clerk

DATA ELEMENTS for page 2 of form

1. Check applicable box to indicate city or county and enter name of city or county.

THE FOUR REMAINING SECTIONS OF THE FORM ARE IDENTICAL. COMPLETE EACH SECTION, AS APPROPRIATE, FOR EACH BUSINESS PARTNER AS INDICATED BY THE DATA ELEMENTS IN THE FIRST SECTION OF THE FORM.

2. Enter name of business partner.
3. Signature of business partner. Signature not entered online.
4. Enter residential address of business partner.
5. Enter name of county or city in which acknowledgment is taken. Not filled out online.
6. Enter name of state in which acknowledgment is taken. Not filled out online.
7. Print name of person whose signature appears in Data Element 3. Not filled out online.
8. Enter Date (day, month and year) of acknowledgement of this document. Not filled out online.
9. Date Notary Public's commission expires. Not filled out online.
10. Signature of official taking acknowledgement. Check applicable box to indicate title. Not filled out online.

STATEMENT OF PARTNERS

This is to certify that the below named persons intend to carry on business under an assumed or fictitious name as partners in the [] City of [] County of1....., and that the following is a list of every person owning the GENERAL PARTNERSHIP set forth on the front of this certificate.

.....2..... PRINTED NAME (LAST, FIRST, MIDDLE)3..... SIGNATURE

.....4..... RESIDENCE ADDRESS

[] County [] City of5..... State of6.....

Subscribed and acknowledged before me by7....., this day of8....., 20.....

My commission expires9..... [] NOTARY PUBLIC [] CLERK/DEPUTY CLERK10.....

..... PRINTED NAME (LAST, FIRST, MIDDLE) SIGNATURE

..... RESIDENCE ADDRESS

[] County [] City of State of

Subscribed and acknowledged before me by, this day of, 20.....

My commission expires [] NOTARY PUBLIC [] CLERK/DEPUTY CLERK

..... PRINTED NAME (LAST, FIRST, MIDDLE) SIGNATURE

..... RESIDENCE ADDRESS

[] County [] City of State of

Subscribed and acknowledged before me by, this day of, 20.....

My commission expires [] NOTARY PUBLIC [] CLERK/DEPUTY CLERK

..... PRINTED NAME (LAST, FIRST, MIDDLE) SIGNATURE

..... RESIDENCE ADDRESS

[] County [] City of State of

Subscribed and acknowledged before me by, this day of, 20.....

My commission expires [] NOTARY PUBLIC [] CLERK/DEPUTY CLERK