The Commonwealth of Massachusetts	BUSINESS CERTIFICATE #:
	EXPIRATION DATE:
(CITY OR TOWN)	□ NEW □ RENEWAL
	apter one hundred and ten, Section five of the hereby declare(s) that a business under the title
of	
	is conducted at
NUMBER	
TYPE OF BUSINESS CITY OR	R TOWN TELEPHONE NUMBER
by the following named persons.	
FULL NAME RESIDENCE	TO THE STATE OF TH

Signed	
(SIGNATURE)	(SIGNATURE)
(SIGNATURE)	(SIGNATURE)
The Commonwealt	th of Massachusetts
Personally appeared before me the above	e-named
and made oath that the foregoing statement is	true.
renewed each four years thereafter so long as such business shall	in force and effect for four years from the date of issue and shall be ll be conducted and shall lapse and be void unless so renewed. A discontinuing, retiring or withdrawing from such business or partner-
Expiration Date	
(Seal)	TITIE