The Commonwealth of Massachusett	BUSINESS CERTIFICATE #:
	EXPIRATION DATE:
(CITY OR TOWN)	. D NEW D RENEWAL
· -	ns of Chapter one hundred and ten, Section five of the
	rsigned hereby declare(s) that a business under the title
NUMBER	STREET
TYPE OF BUSINESS	CITY OR TOWN TELEPHONE NUMBER
by the following named persons.	
FULL NAME RESIDENCE	CE F.I.D. NUMBER OR SOCIAL SECURITY #
Signed	
(SIGNATURE)	(SIGNATURE)
(SIGNATURE)	(SIGNATURE)
The Com	nonwealth of Massachusetts
	ss
Personally appeared before me t	the above-named
and made oath that the foregoing star	tement is true.
renewed each four years thereafter so long as such	ction shall be in force and effect for four years from the date of issue and shall be business shall be conducted and shall lapse and be void unless so renewed. A clerk upon discontinuing, retiring or withdrawing from such business or partner-cts of 1985)
Expiration Date	
(Seal)	TITLE