

#### **Motor Carrier Attachment**

DBA Certificate for Hasy Limousine Filed with Saratoga County Clerk dated August 6, 2014 and Saratoga Luxury Limousine dated September 7, 2016

Schoharie, NY October 6, 2018

**HWY19MH001** 

(3 pages)

Cralg A, Hayner County Clerk

Shauna M. Sutton Deputy County Clerk

Charles A. Foehser, II Deputy County Clerk



## Saratoga County Clerk's Office

Saratoga County Municipal Center 40 McMaster Street, Ballston Spa, NY 12020 Telephone (518) 885-2213 FAX (518) 884-4726

### CERTIFICATE OF CONDUCTING BUSINESS UNDER ASSUMED NAME

	4	1-								
Business Name;		Cim ou		A		(1)		abz.	-	
t Business Address: _	(Street Add	iress)	road 1	Gange VI	port_	(State)	1	(Zip)		(County)
Name ***						Add	ress			
/ Lauring	11 ,	ours.			$\underline{n}$	6 Sam	toga	rond		
					Ga	ncevar	+ , N	14 12K	3/	
WE FURTHER CER	TIFY that	I am/We are	he succes	sor in inter	est to:	name of previ	ous busin	iess owner)	_ Or No O	ne 🔀
The person or person	s heretofore	using such n	ame or na	ames to carr	y on or co	nduct or to	ansact	business.		
the person or person	5 Heretorot					- 1	1			
IN V	VITNESS V	HEREOF, L	WE have	signed this	certificate	on_8/	6/1	4		
				01-4	VI					
					()	Signature)				
			-		(8	Signature)				
*** If under 1	8 state age			-	(\$	Signature)	-			
STATE OF NEW YO COUNTY OF SARA										
on August 6	, 2014	before me, th	ie unders	igned perso	11	ared	Н		_	
personally known to subscribed to the wit and that by his her individual(s) acted, e	hin instrum their sign	ent and ackr ature( <del>s)</del> on	owledged	to me that	ory evider he/she/the individua	nce to be t	he indi	me in (insensor	er/ineir ca	pacitynes
		08/06/2014 1 Pages DBA	12:18:34 FILED	4 PM		Co	Motery Cupit	Public Standard No.	atoga Cou	Yerk nty 16

Craig A. Hayner County Clerk

Shauna M. Sutton Deputy County Clerk

Charles A. Foehser, II Deputy County Clerk



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### CERTIFICATE OF CONDUCTING BUSINESS **UNDER ASSUMED NAME**

I/WE HEREBY CERTIFY that I/WE intend to	conduct or transac	t husiness under the nar	ne or designation of:	,
Business Name: SARATO GA				
	1			<del>,,</del>
at Business Address: 776 Sar (Street Address)	atogon road (City)	Gansesoust,	NY 1783/ (Zip)	Saratoga (County)
•	4			
I/WE certify that our name(s) and full addr	'ess(es) are as follov	vs, and that I/WE are all	eighteen years of age o	r older (or, if
ess than eighteen, state age next to name).	•			
<u>Name</u>		<u>Ad</u>	<u>ldress</u>	
NIA.	_	201	1	
		176 Sara	toga road, 6	anscool T
	<del></del>		·	· · · · · · ·
				···
INVE EVIDTUED CEDTIEV ALOA V	O		O- N	· 0 1
//WE FURTHER CERTIFY that I am/We are t	me successor in inte	erest to:	us business owner)	o One
	•	•	·	
The person or persons heretofore using such n	ame or names to ca	rry on or conduct or tra	nsact business.	
		$\sim 1$	-11	
IN WITNESS WHEREOF, I/	WE have signed th	is certificate on	7//6	
THE VILLED WILDINGS	VVI nave signed in	is terralitate on	<u> </u>	
•	/ >	(Signature)	•	,
		(Signature)		
	•			
	**************************************	(Signature)	<del>, , , , , , , , , , , , , , , , , , , </del>	
TO A THE ATT STATE VANDE		•		
STATE OF NEW YORK COUNTY OF SARATOGA				
. /				
On $\bigcirc 9/07/20/6$ before me, th	e undersigned pers	onally appeared		
		N	1/	
		, ,	, ,, , , , , , , , , , , , , , , , , , ,	
personally known to me or proved to me on	the basis of satisfa	ctory evidence to be the	e individual(s) whose n	ame(s) is (are
subscribed to the within instrument and acknowledge and that by his/her/their signature(s) on the state of th				
ndividual(s) acted, executed the instrument.	ne msu ament, m	e marviduais(s), or the	person upon benan	
The same of the sa				
		Jume	avyn 1	
		$\overline{}$	Notary Public	AVED
	09/07/2016 12:55	:10 PM	GWENDOLYN B Notary Public, State of	
Dba5.4.16	1 Pages FILE		· No.	

DBA Saratoga County Clerk

Qualified in Saratoga County Commission Expires June 04, 20