

Office of the Clark County Clerk Lynn Marie Goya

Please Select One:

☐ New Application

Renewal of existing Fictitious Firm Name

Certificate of Business: Fictitious Firm Name

Please Print or Type

The expiration date for such certificates shall expire after five years from the date of filing.

The undersigned do/does hereby certify that they are conducting business in Clark County, Nevada, under the

Fictitious Firm Name: NEVADA WOMEN'S CARE

Mailing Address: 1701 GREEN VALLEY PARKWAY SYUITE 3 B HENDERSON, NV 89074-5886

(Mailing Address for notification of renewal)

Owner (Sole Proprietor or

Registered Legal Entity): ROBERT A GATLIN, MD

(Must print name exactly as it is registered with the Nevada Secretary of State)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

Signed By: ROBERT ALLAN GATLIN

Full Name of Authorized Signer

Signature

1701 GREEN VALLEY PKWY STE 3 B HENDERSON, NV 89074

Street Address of Business or Residence

Signed By:

(Use if needed) Full Name of Auth

By signing above, I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.

For additional signatures, please use additional pages

COUNTY OF

This instrument was acknowledged before me or

KAREN L TRUILLO **NOTARY PUBLIC** Cortificate Not 11-3828-1

Mail to: Lynn Marie Goya, County Clerk, Attn. FFN, Box 551604, Las Vegas NV 89155-160 ECEIVED Include: Filing Fee of \$20.00 payable to County Clerk, completed certificate and a self-addressed stamped excelepe.

Rev 11/2018

COUNTY CLERK