

FOR REGISTRATION
Fredrick Smith
REGISTER OF DEEDS
Mecklenburg County, NC
2019 APR 15 11:23:48 AM
BK: 33427 PG: 602-602
FEE: \$26.00
INSTRUMENT # 2019043351

JACKSED



2019043351

ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)

Please print legibly.

RETURNED TO CUSTOMER

1. The assumed business name is:

Wayfinders

(You may include no more than five (5) assumed business names on this form.)

2. The real name of the person or entity engaging in business under the assumed business name is:

R. Bruce Irons Camp Fund

SOSID: 0660277

(Corporations, LLC's, limited partnerships must provide the exact name registered with the NC Secretary of State's office and the SOSID number assigned at the time of formation. Go to www.sosnc.gov/br/search to look up your information.)

3. The nature/type of the business is: Charitable Organization

4. The street address of the principal place of business is: (PO Boxes are not acceptable)

725 Providence Road, Suite 212, Charlotte, NC 28207

5. The mailing address, if different from the street address, is:

6. The counties where the assumed business name will be used to engage in business are:

All 100 North Carolina counties

This certificate is signed by the owner/legal representative of the person or entity named above, this 15th day of April, 20 19.

Signature: ALopez

Printed/Typed Name: Andrew F. Lopez

Title: Vice-President of Fundraising

(See instructions for who must sign for various business entity types.)

MECKLENBURG CO REG OF DEEDS
720 EAST FOURTH STREET
CHARLOTTE, NC 28202
(704)336-2443

ISSUED TO: ANDREW F LOPEZ

RECEIPT # 4254585
DATE April 15, 2019 11:23:48

TIME	BOOK	PAGE	FEE
11:23 AM	33427	602	2019043351
A/N			26.00
Total Amount Due			26.00

CREDIT 012885	26.00	
Total Amount Paid		26.00

THANK YOU
FREDRICK SMITH
REGISTER OF DEEDS
Deputy: JACKSED

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BUSINESS NAME CERTIFICATE (NCGS §66-71.5)

Please print legibly.

RETURNED TO CUSTOMER

(I assumed business names on this form.)

My entity engaging in business under the assumed business name is:

Fund

You must provide the exact name registered with the NC Secretary of State's office and formation. Go to www.sosnc.gov/br/search to look up your information.)

Charitable Organization

My place of business is: (PO Boxes are not acceptable)

212 Suite 212, Charlotte, NC 28207

My street address, is:

The business name will be used to engage in business are:

This certificate is signed by the owner/legal representative of the person or entity named above, this 15th day of April, 20 19.

Signature: _____

Printed/Typed Name: _____

Title: _____

(See instructions for who must sign for various business entity types.)