## **BUSINESS CERTIFICATE FOR PARTNERS**

The undersigned do hereby certify that they are conducting or transacting business as members of a partnership under the name or designation of:

Business Name					
Business Address					ONEIDA
(Street Ad	dress)	(City)	(State)	(Zip Code	(County)
and do further certify tha full names of all the partras follows:					
<u>Name</u> (specify ag	ge if under 21)		<u>Residence</u>		
WE DO FURTHER CERT the person or persons here					s.
IN WITNESS WHEREO	F, we have signed this cer	rtificate on		•	
			MARKET CONT. 1.		
STATE OF NEW YORK COUNTY OF					
On	before me, the undersig	ned personally a	opeared		
personally known to me o is (are) subscribed to th his/her/their capacity(ies) upon behalf of which the	e within instrument and, and that by his/her/their	d acknowledged r signatures(s) on	to me that he/ the instrument,	she/they executed	d the same in
			No	otary Public	