

TRADE NAME APPROVAL SHEET

**** KEEP WITH DOCUMENT ****



1000361995647892

<u>TRANSACTION TYPE</u>	<u>FEES REMITTED</u>
TN - Trade Name Registration	_____ 25
TA - Amendment	_____
TA1 - Amendment Owner Added	_____
TA2 - Amendment Owner Deleted	_____
TA3 - Amendment Owner Name Change	_____
TA4 - Amendment Location Added	_____
TA5 - Amendment Location Deleted	_____
TA6 - Amendment Location Changed	_____
TC - Cancellation	_____
TR - Renewal	_____

Affix Text Label Here
ID # T00270885 ACK # 1000361995647892
PAGES: 0002
W-7 ENTERPRISES

10/25/2007 AT 10:58 A WO # 0001498997

_____ Certified Copies Copy Fee: _____

_____ Certificates Certificate of Fact Fee: _____ Other Change(s) _____

TOTAL FEES: _____ 25

NO FEE TRANSACTION TYPES

- 99T - Departmental Action
- 99TA - Departmental Action - Name Change
- 220T - Void Non-Payment
- 220TA - Departmental Action - Amendment
- 220TA1 - Departmental Action - Owner Added
- 220TA2 - Departmental Action - Owner Deleted
- 220TA3 - Departmental Action - Owner Name Change
- 220TA4 - Departmental Action - Location Added
- 220TA5 - Departmental Action - Location Deleted
- 220TA6 - Departmental Action - Location Changed
- 220TC - Departmental Action - Cancellation
- 220TR - Departmental Action - Renewal

Code _____

Attention: _____

Mail to Address: _____

MICHAEL ROBERT WHITE
39650 HIAWATHA CIRCLE
MECHANICSVILLE MD 20659

Credit Card _____ Check Cash _____

_____ Documents on _____ Checks

Approved By: _____ *WR*

Keyed By: _____

COMMENT(S):

St:
Ct

CUST ID: 0002055959
WORK ORDER: 0001498997
DATE: 12-05-2007 12:54 PM
AMT. PAID: \$25.00

TRADE NAME APPLICATION

1) Only one trade name may appear on this line

TRADE NAME: W-7 Enterprises

2) STREET ADDRESS(ES) WHERE NAME IS USED: 39650 Hiawatha Circle

CITY: Mechanicsville STATE: Maryland ZIP: 20659

P.O. Box address is not acceptable anywhere on this form.

3) FULL LEGAL NAME OF OWNER OF BUSINESS OR INDIVIDUAL USING THE TRADE NAME:

Michael Robert White

If more than one owner, attach an additional sheet listing each owner with their address. Be sure each owner signs this form.

4) If the owner is an individual or general partnership, does it have a personal property account number? Check one box YES NO

If YES, WHAT IS THAT NUMBER? _____
If NO, see instruction 4 under How To Complete Trade Name Application.

5) ADDRESS OF OWNER: 39650 Hiawatha Circle

CITY: Mechanicsville STATE: Maryland ZIP: 20659

6) DESCRIPTION OF BUSINESS: General Business

I affirm and acknowledge under penalties of perjury that the foregoing is true and correct to the best of my knowledge.

7) 
SIGNATURE OF OWNER

CUST ID: 0002055959
WORK ORDER: 0001498997
DATE: 12-05-2007 12:54 PM
AMT. PAID: \$25.00

SIGNATURE OF OWNER

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DEPARTMENT OF
ASSESSMENTS & TAXATION
2007 OCT 25 A 10:58:59

RECEIVED
DEPARTMENT OF
ASSESSMENTS & TAXATION
2007 NOV 02 F 10:24