

TRADE NAME APPROVAL SHEET

**** EXPEDITED SERVICE ****

**** KEEP WITH DOCUMENT ****

100423133



1000362010055749

TRANSACTION TYPE

FEES REMITTED

TN - Trade Name Registration

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

Expedited Fee

25

50

Affix Text Label Here

ID # T00423133 ACK # 1000362010055749
PAGES 0002
POWER52 FOUNDATION

01/27/2017 AT 10 22 A WO # 0004726764

 Certified Copies

Copy Fee

 Other Change(s)

 Certificates

Certificate of Fact Fee

TOTAL FEES 75

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

Code

Attention

Mail to Address

GMLA, LLC
5640 THELO GARTH
COLUMBIA MD 21045

Credit Card Check ☒ Cash

 Documents on Checks

Approved By

Keyed By DA

COMMENT(S)

CUST ID 0003510187
WORK ORDER 0004726764
DATE 01-27-2017 10 22 AM
AMT PAID \$267 00

State Department of Assessments and Taxation

Charter Division

TRADE NAME APPLICATION

FILING FEE \$25 00

EXPEDITED FEE ADDITIONAL \$50 00 | TOTAL EXPEDITED SERVICE \$75 00

(Make checks payable to Department of Assessments and Taxation)

Prior to registering the business name of a home improvement company with the Maryland State Department of Assessments and Taxation, an applicant is advised to contact the Commission at 410-230-6171 to ensure a specific name is available

1) **TRADE NAME** (Only one trade name may appear on this line)**Power52 Foundation**2) **STREET ADDRESS(ES) WHERE NAME IS USED****3545 Ellicott Mills Drive**CITY **Ellicott City** STATE **MD** ZIP **21043**

Post office box number is only accepted when part of the physical address

3) **FULL LEGAL NAME OF OWNER OF BUSINESS OR INDIVIDUAL USING THE TRADE NAME****Power52 INC.****D16789117**

If more than one owner, attach an additional sheet listing each owner with his/her address Be sure each owner signs this form

4) **If the owner is an individual or general partnership, do they have a personal property account** (an "L" number)? Circle one YES NO

IF YES, WHAT IS THAT NUMBER? _____

IF NO, see item 4 of the Trade Name Application Instructions

5) **ADDRESS OF OWNER** **3545 Ellicott Mills Drive**CITY **Ellicott City** STATE **MD** ZIP **21043**

Post office box number is only accepted when part of the physical address

6) **DESCRIPTION OF BUSINESS****Workforce development and training**

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

*Cherie Brock***EXEC. DIRECTOR**
PRESIDENT

SIGNATURE OF OWNER (AUTHORIZED TITLE)

SIGNATURE OF OWNER (AUTHORIZED TITLE)

SIGNATURE OF OWNER (AUTHORIZED TITLE)

CUST ID 0003510187
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AUTHORIZED TITLE)

Phone (410)

38-246-5941