

State of Maine  
CITY OF PORTLAND

CITY CLERK

CERTIFICATE OF SOLE PROPRIETOR ADOPTING A NAME OTHER THAN OWN  
(Title 31 M. R. S. A. Section 2)

2013 JUN 25 PM 12:03

The undersigned hereby certifies that (s)he intends to engage in the  
HAIR + NAIL SALON business, as sole proprietor thereof, and to  
(type of business)

adopt the name, style or designation of PARRYDISE SALON + SPA  
(name of business)  
in the conduct of said business.

TRICIA PARRY  
Printed Name of Proprietor

Tricia Parry  
Signature of Proprietor (signature must be witnessed by  
a Notary Public or attorney)

75 MILL RD, CUMBERLAND, ME  
Home Address  
Zip Code 04021

202 WARREN AVE, SUITE 100, PORTLAND, ME  
Business Location Address (cannot be a PO Box)  
(MUST be in Portland) Zip Code 04103

207-829-8410  
Home (or Cell) Phone Number

207-747-4887  
Business Phone Number

\_\_\_\_\_  
Email

www.\_\_\_\_\_  
Business Website

BELOW INFORMATION MUST BE COMPLETED BY A NOTARY PUBLIC OR ATTORNEY

STATE OF MAINE

Cumberland County, SS. JUNE 24 A.D. 20 13

Then TRICIA PARRY, personally appeared and made oath  
to the foregoing certificate that the same is true.

Before me,

JUDITH A. DAVIDSON  
Notary Public, Maine  
My Commission Expires April 18, 2017

Judith Davidson  
Attorney or  
Notary Public (Commission Expires 4/18/2017)

Note: This certificate shall be deposited in the City of Portland Office of the Clerk in which the business is to  
be carried on. The City Clerk's Office is entitled to a fee of TEN dollars (\$10.00) for recording this certificate.