

Fee: \$30.00

pd # 849

The Commonwealth of Massachusetts
Town of Westford
Business Certificate

Certificate Number: 14-134

Expiration date: 9/4/18

Date of Issuance: 9/4/18

In conformity with the provisions of Ch.110, §5 of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

Name of Business: Write Med Communications

Please indicate if this business is incorporated

Nature of Business: Write Med Communications is conducted at

Physical Location of Business: 7 Castle Rd., Westford MA 01886
(please indicate street address and mailing address if different)

by the following named persons or corporation (if corp., include the title of the corporate officer signing).

Full Name(s)
Kerry M. Ryan

Present Address
7 Castle Rd, Westford, MA

Please sign in front of a Notary Public or a member of the Town Clerk's Office staff.

Kerry M. Ryan
Signature

Signature

Signature

Signature

Commonwealth of Massachusetts

Middlesex
County

Date 9/4/14

Personally appeared before me the above-named Kerry M. Ryan, proved his/her identification with satisfactory evidence, which were md and made oath that the foregoing statements are true. Signed and sealed.

Jolanda
Notary / Town Clerk's Office staff signature

My Commission expires:

County

Personally appeared before me the above-named _____, proved his/her identification with satisfactory evidence, which were _____ and made oath that the foregoing statements are true. Signed and sealed.

Notary / Town Clerk's Office staff signature

My Commission expires:

A certificate issued in accordance with this section shall be in force and effect for four years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

(Seal)

Town Clerk