

THE STATE OF TEXAS

ASSUMED NAME RECORD CERTIFICATE OF OWNERSHIP FOR BUSINESS OR PROFESSION

Assumed Name: _____

Business Type (Select One):

Sole Proprietorship Joint Venture Joint Stock Company
Limited Partnership General Partnership Real Estate Investment Trust
Corporation Other _____

If Corporation :
Business Entity _____ Business Entity Type _____ Primary Office _____

Business Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

TIME PERIOD BUSINESS NAME WILL BE USED _____ YEARS

Notice: Certificates of ownership are valid only for a time period not to exceed 10 years from date filed with the county clerk (Chapter 36, Section 1, Title 4 Business and Commerce Code)

CERTIFICATE OF OWNERSHIP

I/We the undersigned, are the owner (s) of the above business and my/our name (s) and address (es) is/are true and correct and there are no other owners in said business.

Name (Print) : _____ Signature : _____

Address _____ City _____ State _____ Zip _____

Name (Print) : _____ Signature : _____

Address _____ City _____ State _____ Zip _____

Name (Print) : _____ Signature : _____

Address _____ City _____ State _____ Zip _____

Name (Print) : _____ Signature : _____

Address _____ City _____ State _____ Zip _____

Name (Print) : _____ Signature : _____

Address _____ City _____ State _____ Zip _____

Before me, the undersigned authority, on this day personally appeared _____
Those person(s) whose name(s) are listed above known to me to the person(s) subscribed to the foregoing instrument and acknowledge to me that they are the owner(s) of the above named business and that they signed the same for the purpose and consideration herein expressed.

Given under my hand and seal of office this _____ Day of _____, _____

Signature of Notary/ Deputy County Clerk