

ASSUMED NAME

CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION

NOTICE: "CERTIFICATES OF OWNERSHIP" ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE.

(Chapter 36, Sect. 1, Title 4-Business and Commerce Code)

(This certificate properly executed is to be filed immediately with the County Clerk)

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PERIOD OF TIME IN WHICH ASSUMED NAME WILL BE VALID IS TEN YEARS FROM THE DATE OF FILING

BUSINESS IS TO BE CONDUCTED AS (Check One)

- Proprietorship Sole Practitioner Joint Venture
- General Partnership Limited Partnership Joint Stock Company
- Real Estate Investment Trust Limited Liability Co. Other (Specify) _____

CERTIFICATE OF OWNERSHIP

I/We, the undersigned, are the owner(s) of the above business and my/our name and address given is/are true and correct, and there is/are no ownership(s) in said business other than those listed herein below.

NAME _____ **SIGNATURE** _____

ADDRESS _____ **ZIP CODE** _____

(RESIDENCE)

NAME _____ **SIGNATURE** _____

ADDRESS _____ **ZIP CODE** _____

(RESIDENCE)

NAME _____ **SIGNATURE** _____

ADDRESS _____ **ZIP CODE** _____

(RESIDENCE)

NAME _____ **SIGNATURE** _____

ADDRESS _____ **ZIP CODE** _____

(RESIDENCE)

NAME _____ **SIGNATURE** _____

ADDRESS _____ **ZIP CODE** _____

(RESIDENCE)

NAME _____ **SIGNATURE** _____

ADDRESS _____ **ZIP CODE** _____

(RESIDENCE)

NAME _____ **SIGNATURE** _____

ADDRESS _____ **ZIP CODE** _____

(RESIDENCE)

(Acknowledgment)

STATE OF TEXAS
COUNTY _____

This instrument was acknowledged before me on the _____ day of _____, _____.

By: _____
(Person appearing before Notary)

Notary Public, State of Texas
Notary's printed name: _____
My Commission expires: _____