THE STATE OF TEXAS COUNTY OF ATASCOSA

KNOW ALL MEN BY THESE PRESENTS:

ASSUMED NAME CERTIFICATE

Assumed Name and Address (The name under which the business is to be conducted or the professional service is to be rendered) Registrant's Name (Name of entity filing assumed name as stated in its Articles of Incorporation or comparable document)	
Said Corporation/Company was duly incorpora	
and its registered or similar office address there	e in
	lity company, or other professional association)
The corporation is a: (for-profit corporation, nonprofit corporation, professional corporation)	poration, professional association, or other type of
endered under such assumed name are (if applicable, use the designation "all" or "all except") The period, not to exceed ten years, during which this assumed name will be used is: I this instrument is executed by the attorney-in-fact, the attorney-in-fact hereby states that he have een duly authorized, in writing, by his principal to execute and acknowledge this instrument.	
The period, not to exceed ten years, during whic	th this assumed name will be used is: -fact, the attorney-in-fact hereby states that he has
The period, not to exceed ten years, during whic	th this assumed name will be used is: -fact, the attorney-in-fact hereby states that he has
The period, not to exceed ten years, during whic	th this assumed name will be used is: -fact, the attorney-in-fact hereby states that he has all to execute and acknowledge this instrument.
The period, not to exceed ten years, during which this instrument is executed by the attorney-inceen duly authorized, in writing, by his principal state of Texas	th this assumed name will be used is: -fact, the attorney-in-fact hereby states that he has all to execute and acknowledge this instrument. - Print/Type Name of Authorized Representative
The period, not to exceed ten years, during which this instrument is executed by the attorney-inceen duly authorized, in writing, by his principal state of Texas County of ATASCOSA BEFORE ME, THE UNDERSIGNED AUTHORIT	The this assumed name will be used is: -fact, the attorney-in-fact hereby states that he has all to execute and acknowledge this instrument. - Print/Type Name of Authorized Representative Signature of Authorized Representative Ty, on this day personally appeared
The period, not to exceed ten years, during which instrument is executed by the attorney-inceen duly authorized, in writing, by his principal state of Texas County of ATASCOSA	ch this assumed name will be used is: -fact, the attorney-in-fact hereby states that he has all to execute and acknowledge this instrument. - Print/Type Name of Authorized Representative - Signature of Authorized Representative - Y, on this day personally appeared to be the person(s) whose name(s) is/are subscribed
The period, not to exceed ten years, during which this instrument is executed by the attorney-inceen duly authorized, in writing, by his principal data of Texas County of ATASCOSA DEFORE ME, THE UNDERSIGNED AUTHORIT Known to me to the foregoing instrument and, under oath, acknown	fact, the attorney-in-fact hereby states that he has a to execute and acknowledge this instrument. Print/Type Name of Authorized Representative Signature of Authorized Representative Authorized Representative to be the person(s) whose name(s) is/are subscribed yieldged to me that (s)he signed the same for the