

ASSUMED NAME CERTIFICATE

NAME UNDER WHICH THE BUSINESS IS TO BE CONDUCTED:

(print or type name of business)

BUSINESS ADDRESS:

CITY/STATE: _____ ZIP _____

MAILING ADDRESS: _____ CITY/STATE: _____ ZIP _____

TIME PERIOD BUSINESS NAME WILL BE USED (not to exceed 10 yrs.) _____ years.
CERTIFICATES OF OWNERSHIP ARE VALID ONLY FOR A TIME PERIOD NOT TO EXCEED 10 YEARS FROM DATE
FILED WITH THE COUNTY CLERK (§71.052 - Business and Commerce Code)

BUSINESS IS TO BE CONDUCTED AS: (please check applicable one)
PROPRIETORSHIP _____ CORPORATION _____ GENERAL PARTNERSHIP _____ PRACTITIONER _____
LIMITED PARTNERSHIP _____ OTHER (specify): _____

CERTIFICATE OF OWNERSHIP

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

PRINT NAME:

SIGNATURE: _____
(Owner/Corporation)

TITLE: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

PRINT NAME:

SIGNATURE: _____
(Owner/Corporation)

TITLE: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

PRINT NAME:

SIGNATURE: _____
(Owner/Corporation)

TITLE: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

THE STATE OF TEXAS §
COUNTY OF WASHINGTON §

Before me, the undersigned authority, on this day personally appeared _____ those person(s)
whose name(s) are listed above known to me to be the person(s) subscribed to the foregoing instrument and
acknowledged 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 _____, 20 _____

(Seal)

By: _____
(Signature of Notary Public)