

Assumed name Certificate of Ownership for **INCORPORATED** Business or Profession

1. _____
Name of Business or Professional Service (Please Print or Type)

2. _____
Business Address City State Zip Code

3. _____
Name of the Incorporated Business/Profession as stated in its Article of Incorporation

4. Certificate Number: _____ 5. State in which business was Incorporated: _____

6. Registered Office in that jurisdiction Physical Address: _____
City _____ State: _____ Zip Code: _____

7. Name of Registered Agent: _____

8. The Corporation is a: (Check One) _____ Business Corporation _____ Non-Profit Corporation
_____ Professional Corporation _____ Other: (Please Specify) _____

9. Period during which the Assumed Name will be used is _____ years.
Pursuant to Title 4, Chapter 36.11 of the Texas Business and Commerce Code, Certificates of Ownership are valid for a period not to exceed 10 years.

10. The County or Counties where business or professional services are being or are conducted under such assumed name are _____ . (If applicable, use the designation "all" or "all excepted")

11. If this Instrument is executed by the Attorney-in-Fact, he/she has been authorized in writing, by his/her principal to execute and acknowledge this Instrument.
By: _____
Signature and Title of Officer, Representative, or Attorney-In-Fact

The State of Texas
County of _____

This Instrument was acknowledged before me this the _____ day of _____,
20____, by _____,
_____,
the person/persons whose name is subscribed to the foregoing Instrument on behalf of said
Corporation or Association.

Notary Public, State of Texas

Printed Name of Notary

Office use only