

ASSUMED NAME RECORDS (d.b.a.)
CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION
(This certificate properly executed is to be filed immediately with the County Clerk)

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED

(PRINT CLEARLY OR TYPE)

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____
(IF DIFFERENT FROM BUSINESS ADDRESS)

CITY: _____ STATE: _____ ZIP CODE: _____

PERIOD (NOT TO EXCEED 10 YEARS) IN WHICH ASSUMED NAME WILL BE USED _____
NOTICE: "Certificate of Ownership" ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE (Chapter, Sec 1, Title 4 Business and Commercial Code)

BUSINESS IS TO BE CONDUCTED AS (CHECK ONE):

General Partnership ____ Limited Partnership ____ Corporation ____ Sole Proprietorship ____
Registered Limited Liability Partnership ____ Limited Liability Company ____

CERTIFICATE OF OWNERSHIP

I/We, the undersigned, am/are the owner (s) of the above business and my/our name(s) and address(s) 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 _____ City _____ St _____ Zip code _____
(Residence)

Name _____ Signature _____

Address _____ City _____ St _____ Zip code _____
(Residence)

Name _____ Signature _____

Address _____ City _____ St _____ Zip code _____
(Residence)

Name _____ Signature _____

Address _____ City _____ St _____ Zip code _____
(Residence)

(Acknowledgment)

STATE OF TEXAS

COUNTY OF _____

This instrument was acknowledged before me this the _____ day of _____, 20_____

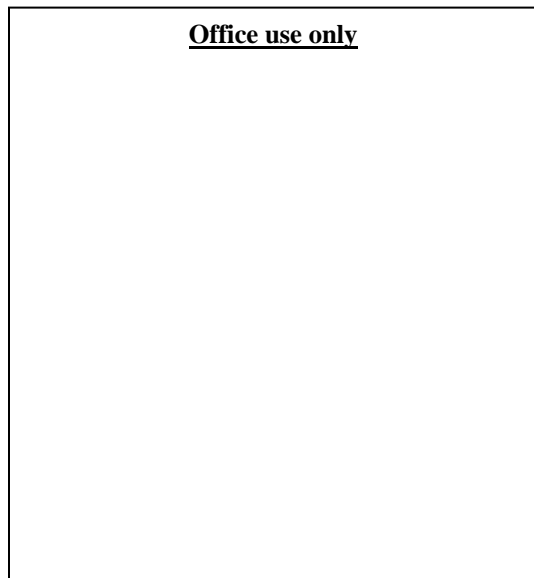
by _____.

(Seal)

Notary Public, State of Texas

Printed Name of Notary
My commission expires: _____

Office use only



ASSUMED NAME CERTIFICATE FOR AN INCORPORATED BUSINESS OR PROFESSION

NAME UNDER WHICH BUSINESS OR PROFESSIONAL SERVICES IS OR WILL BE CONDUCTED

Name: _____

Address: _____

City: _____

1. The name of the incorporated business of profession as stated in its Articles of incorporation or comparable is: _____
and the charter number or certificate of authority number, if any, is: _____

2. The state, county, or other jurisdiction under the laws of which it was incorporated is: _____
and the address of its registered or similar office in that jurisdiction is: _____

3. The period, not to exceed ten years, during which this assumed name will be used is: _____
(Certificates are valid for a period of ten years from the date)

4. The corporation is a (circle one) business corporation, non-profit corporation, professional corporation,
professional association of other type of corporation (specify): _____

5. If the corporation is required to maintain a registered office in Texas, the address of the registered office is: _____
_____, and the name of its registered agent at such address is: _____

The address of the principal office (if not the same as the registered office)
is: _____

6. If the corporation is not required to or does not maintain a registered office in Texas, the office address in
Texas is: _____
and if the corporation is not incorporated, organized or associated under the laws of Texas the address of its
place of its business in Texas is: _____
and the office address elsewhere is: _____

7. The county or counties where business or professional services are being or are to be conducted or rendered
under such assumed name are (if applicable, use the designation "all" or "all except _____")

8. If this instrument is executed by the attorney-in-fact, the attorney-in-fact hereby states that he has been duly
authorized, in writing, by his principal to execute and acknowledge this instrument.

Signature of Officer, Representative or Attorney-in-fact
of the corporation

STATE OF TEXAS
COUNTY OF _____

This instrument was acknowledged before me on the _____ day of _____, 20____, by _____
_____, the _____ of _____ behalf
of said corporation or association.

For office use only

Notary Public, State of Texas

Printed name of Notary

My commission expires: _____

STATEMENT OF ABANDONMENT OF USE
OF A BUSINESS OF PROFESSIONAL NAME

1. The assumed business or professional name being abandoned is: _____

2. The original date on which the assumed name certificate was filed in the office in which this statement is being filed was: _____
Other filing offices, where the certificate has been filed: _____

3. The Registrant's name and residence address and office address as would be required to be stated if the assumed name certificate were being presently filed is:

To certify which, witness _____ hand(s) this the _____ day of _____, 20_____.

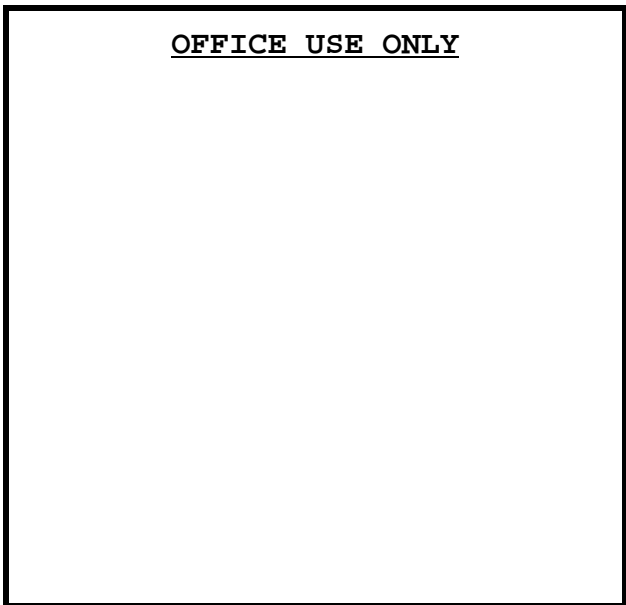
(Signed, Withdrawing Party or Parties)

THE STATE OF TEXAS

County of _____

Before me, _____ in and for said County and State, on this day personally appeared _____ known to me or through _____ to be the person _____ whose name _____ subscribed to the foregoing certificate, and acknowledged to me that ___he___ executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office, this the _____ day of _____, 20_____.



Printed Name of Notary

My Commission expires: _____