

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: _____