

**ASSUMED NAME FILE # \_\_\_\_\_**

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 ASSUMED NAME

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: \_\_\_\_\_ YEARS**

Notice: "Certificates 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 \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_

SOLE PRACTITIONER \_\_\_\_\_ NON-PROFIT ORGANIZATION \_\_\_\_\_ JOINT VENTURE \_\_\_\_\_ OTHER \_\_\_\_\_

**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: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\* Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ \*Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ \*Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Phone: \_\_\_\_\_

**Acknowledgment**

STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by person(s) whose name(s) are: \_\_\_\_\_

\_\_\_\_\_ and who personally appeared therein.

\_\_\_\_\_  
Notary Public, State of Texas  
My commission expires: \_\_\_\_\_

**Office use Only**