

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

