

**ASSUMED NAME RECORDS
CERTIFICATE OF OWNERSHIP FOR BUSINESS OR PROFESSION**

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 36, Section 1, Title 4 – Business & Commerce Code)

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED

(Print or Type)

BUSINESS ADDRESS _____
(Physical /Mailing)

CITY _____ STATE _____ ZIP CODE _____

PERIOD (not to exceed 10 years) DURING WHICH ASSUMED NAME WILL BE USED: _____

BUSINESS IS TO BE CONDUCTED AS (Check which one)

_____ Proprietorship	_____ Sole Practitioner	_____ Joint Venture
_____ General Partnership	_____ Limited Partnership	_____ Joint Stock Company
_____ Real Estate Inv. Trust	_____ Other (name type) _____	

CERTIFICATE OF OWNERSHIP

I/We, the undersigned, are the owner of the above business and my/our name and address 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 _____ Zip Code _____
(Mailing /Residence)

Name _____ Signature _____

Address _____ Zip Code _____
(Mailing/Residence)

Name _____ Signature _____

Address _____ Zip Code _____
(Mailing/Residence)

ACKNOWLEDGMENT

**STATE OF TEXAS
COUNTY OF TRINITY**

This instrument was acknowledged before me on the _____ day of _____, 20____ by _____.

_____.

DIANE MCCRORY, COUNTY CLERK OR _____
BY: _____, DEPUTY MY COMMISSION EXPIRES: _____