

**ASSUMED NAME CERTIFICATE for BUSINESS or PROFESSIONAL SERVICES**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

1. Name of incorporated business as stated in its Article of Incorporation or comparable document is: \_\_\_\_\_ and the Charter number or certificate of authority number, if any is: \_\_\_\_\_.
2. The state, country 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. Period during which this assumed name will be used (not to exceed 10 yrs): \_\_\_\_\_
4. The Corporation is a: business corporation, non-profit corporation, professional corporation, professional association, or other type of incorporation (specify): \_\_\_\_\_
5. If the corporation is required to maintain a registered office in Texas, the address of registered office 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 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 (use "all" or "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

(Acknowledgment)

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

Before me, the undersigned authority, this instrument was acknowledged on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Texas  
Notary's Printed Name: \_\_\_\_\_  
Commission Expires: \_\_\_\_\_