

**ASSUMED NAME CERTIFICATE FOR INCORPORATED 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, SEC. 1, TITLE 4-BUSINESS AND COMMERCE CODE) THIS CERTIFICATE, PROPERLY EXECUTED TO BE FILED IMMEDIATELY WITH THE COUNTY CLERK  
**NAME IN WHICH BUSINESS OR PROFESSIONAL SERVICES IS OR WILL BE CONDUCTED**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

1. The name of the corporation, limited liability company, limited partnership, or registered limited liability partnership as stated in its articles of incorporation, articles of organization, certificate of limited partnership, application 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. The period, not to exceed ten years, during which this assumed name will be used is: \_\_\_\_\_

4. The corporation is a (circle one) business corporation, non-profit corporation, professional corporation, professional association or other type of corporation (specify): \_\_\_\_\_

or other type of incorporated business, professional or other association or legal entity (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 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.

NAME OF CORPORATION: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BY: \_\_\_\_\_ TITLE \_\_\_\_\_

(Signature of officer, representative or attorney-in-fact)

**BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED**

KNOWN TO ME TO BE THE PERSON WHOSE NAME IS/ARE SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE ARE THE OWNER(S) OF THE ABOVE NAMED BUSINESS AND THAT HE SIGNED THE SAME FOR THE PURPOSE AND CONSIDERATION THEREIN EXPRESSED

GIVEN UNDER MY HAND AND SEAL OF OFFICE ON: \_\_\_\_\_ 20 \_\_\_\_\_

SIGNATURE OF NOTARY: \_\_\_\_\_

(SEAL)

PRINTED NAME OF NOTARY