

ASSUMED NAME RECORDS

CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED 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 IS TO BE FILED IMMEDIATELY WITH THE COUNTY CLERK)

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED

(PRINT OR TYPE NAME OF BUSINESS)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PERIOD (NOT TO EXCEED 10 YEARS) DURING WHICH ASSUMED NAME WILL BE USED: _____

BUSINESS IS TO BE CONDUCTED AS: ___ PROPRIETORSHIP ___ SOLE PRACTITIONER

___ JOINT VENTURE ___ GENERAL PARTNERSHIP ___ LIMITED PARTNERSHIP

___ REAL ESTATE INVESTMENT TRUST ___ JOINT STOCK COMPANY

___ 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 NO OWNERSHIP(S) IN SAID BUSINESS OTHER THAN THOSE LISTED HEREIN BELOW.

-NAMES OF OWNERS-

NAME _____ SIGNATURE _____
(PRINT OR TYPE)

ADDRESS _____ ZIP CODE _____

NAME _____ SIGNATURE _____
(PRINT OR TYPE)

ADDRESS _____ ZIP CODE _____

NAME _____ SIGNATURE _____
(PRINT OR TYPE)

ADDRESS _____ ZIP CODE _____

NAME _____ SIGNATURE _____
(PRINT OR TYPE)

ADDRESS _____ ZIP CODE _____

NAME _____ SIGNATURE _____
(PRINT OR TYPE)

ADDRESS _____ ZIP CODE _____

STATE OF _____

COUNTY OF _____

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 _____

(SIGNATURE) _____

(SEAL)

PRINTED OR STAMPED NAME OF NOTARY

COMMISSION EXPIRES _____