

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.

(See Chapter 71 of the Texas Business and Commerce Code for other requirements and additional information)

NAME IN WHICH BUSINESS IS, OR IS TO BE, CONDUCTED:

PHYSICAL ADDRESS OF BUSINESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Expiration date of the Assumed Name : _____

BUSINESS IS TO BE CONDUCTED AS (check one):

Individual General Partnership

Other (name type): _____

CERTIFICATE OF OWNERSHIP

I/We, the undersigned, are the owner(s) of the above business and my/our name(s) and address(es) given is/are true and correct, and there is/are no ownership(s) in said business other than those listed herein below.

NAMES OF OWNERS

NAME _____ SIGNATURE _____

ADDRESS _____

NAME _____ SIGNATURE _____

ADDRESS _____

NAME _____ SIGNATURE _____

ADDRESS _____

THE STATE OF TEXAS

COUNTY OF WILSON

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared _____

known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that __he__ is/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 _____, _____

Notary Public in and for State of Texas

EVA S. MARTINEZ, Wilson County Clerk

By: _____, Deputy