

ASSUMED NAME RECORDS
CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OF 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)

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED

PHYSICAL ADDRESS OF BUSINESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS PHONE NUMBER: _____

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

BUSINESS IS TO BE CONDUCTED AS (check one):

Individual General Partnership Limited 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 _____

(print or type) PHONE # _____

ADDRESS _____ ZIP CODE _____

NAME _____ SIGNATURE _____

(print or type) PHONE # _____

ADDRESS _____ ZIP CODE _____

NAME _____ SIGNATURE _____

(print or type) PHONE # _____

ADDRESS _____ ZIP CODE _____

NAME _____ SIGNATURE _____

(print or type) PHONE # _____

ADDRESS _____ ZIP CODE _____

NAME _____ SIGNATURE _____

(print or type) PHONE # _____

ADDRESS _____ ZIP CODE _____

NAME _____ SIGNATURE _____

(print or type) PHONE # _____

ADDRESS _____ ZIP CODE _____

THE STATE OF TEXAS
COUNTY OF BURLESON

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 forgoing 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 _____, _____

(seal)

Notary Public in and for State of Texas