

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.
NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED

PHYSICAL ADDRESS OF BUSINESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

BUSINESS IS TO BE CONDUCTED AS (check one):

_____ Sole Proprietorship _____ General Partnership _____ Joint Venture

_____ Other: _____

A CORPORATION, LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIPS, LIMITED LIABILITY COMPANY,
REGISTERED SERIES OF A LIMITED LIABILITY COMPANY OR FOREIGN FILING ENTITY REQUIRED TO FILE A
CERTIFICATE UNDER SECTION 71.101 SHALL FILE THE CERTIFICATE IN THE OFFICE OF THE SECRETARY OF STATE
(Texas Business & Commerce Code, Ch 71, Sec. 71.103)

CERTIFICATE OF OWNERSHIP

I/We, the undersigned, are the owner(s) of the above business and my/our name(s) and address(s) 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)

ADDRESS _____ ZIPCODE _____

NAME _____ SIGNATURE _____

(Print or type)

ADDRESS _____ ZIPCODE _____

NAME _____ SIGNATURE _____

(Print or type)

ADDRESS _____ ZIPCODE _____

ACKNOWLEDGEMENT:

THE STATE OF TEXAS COUNTY OF WALKER

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/she signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this _____ day of _____, 20____.

Notary Public in and for State of Texas

Kari A. French, Walker County Clerk

BY: _____ Deputy

County Clerk Validation