

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)
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 _____ Limited Partnership

_____ Registered Limited Liability _____ Limited Liability Company _____ Other

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 _____, 201_____

Notary Public in and for State of Texas

Kari A. French, Walker County Clerk

BY: _____ Deputy

County Clerk Validation