

**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 Commercial Code)  
(This certificate properly executed is to be filed immediately with the County Clerk)

**NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED**

**Business Name**

BUSINESS ADDRESS: **(Street Address, City/State, Zip of location of Business)**

CITY: STATE: ZIP CODE: \_\_\_\_\_

**PERIOD (NOT TO EXCEED 10 YEARS) IN WHICH ASSUMED NAME WILL BE USED:** \_\_\_\_\_

**BUSINESS IS TO BE CONDUCTED AS (Check One):**

- |  |   |
|--|---|
| <input type="checkbox"/> Proprietorship                      | <input type="checkbox"/> General Partnership                |
| <input type="checkbox"/> Sole Proprietorship                 | <input type="checkbox"/> Reg. Limited Liability Partnership |
| <input type="checkbox"/> Limited Liability Company           | <input type="checkbox"/> Real Estate Investment Trust       |
| <input type="checkbox"/> Limited Partnership                 | <input type="checkbox"/> Joint Stock Company                |
| <input type="checkbox"/> Other (name type of business) _____ | <input type="checkbox"/> Joint Venture                      |

**CERTIFICATE OF OWNERSHIP**

**(Do Not Sign until you are in front of a notary)**

I/We, the undersigned, am/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.

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
(Residence)

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
(Residence)

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
(Residence)

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
(Residence)

**(Acknowledgement)**

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me this the \_\_\_\_\_ day  
Of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_.

(Seal) \_\_\_\_\_  
Notary Public, State of Texas

**(Acknowledgement)**

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me this the \_\_\_\_\_ day  
Of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_.

(Seal) \_\_\_\_\_  
Notary Public, State of Texas

**(Acknowledgement)**

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

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Of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public, State of Texas

**(Acknowledgement)**

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

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Of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public, State of Texas