

ASSUMED NAME FILE # _____

ASSUMED NAME RECORDS (d.b.a.)
CERTIFICATE OF OWNERSHIP FOR **UNINCORPORATED** BUSINESS OR PROFESSION
(This certificate properly executed is to be filed immediately with the County Clerk)

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED

PRINT CLEARLY OR TYPE ASSUMED NAME

BUSINESS ADDRESS:-----

MAILING ADDRESS:-----

(IF DIFFERENT FROM BUSINESS ADDRESS)

CITY:----- STATE:----- ZIP CODE:-----

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

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, Sec.1, Title 4 Business and Commercial Code

BUSINESS IS TO BE CONDUCTED AS (CHECK ONE): REGISTERED LIMITED LIABILITY PARTNERSHIP _____
GENERAL PARTNERSHIP _____ LIMITED PARTNERSHIP _____ CORPORATION _____ SOLE PROPRIETORSHIP _____
LIMITED LIABILITY COMPANY _____ NONPROFIT ORGANIZATION _____ OTHER _____

CERTIFICATE OF OWNERSHIP

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.

Name:----- *Signature:-----

Address:----- City:----- State:----- Zip Code:-----
Residence

* Phone:-----

Name:----- *Signature:-----

Address:----- City:----- State:----- Zip Code:-----
Residence

*Phone:-----

Name:----- *Signature:-----

Address:----- City:----- State:----- Zip Code:-----
Residence

*Phone:-----

Acknowledgment

STATE OF TEXAS
COUNTY OF _____

This instrument was acknowledged before me this the ____ day of _____,
20____, by person(s) whose name(s) are: _____

and who personally appeared therein.

Notary Public, State of Texas
My commission expires:-----

