

Assumed name Certificate of Ownership for **INCORPORATED** Business or Profession

1. \_\_\_\_\_  
Name of Business or Professional Service (Please Print or Type)

2. \_\_\_\_\_  
Business Address City State Zip Code

3. \_\_\_\_\_  
Name of the Incorporated Business/Profession as stated in its Article of Incorporation

4. Certificate Number: \_\_\_\_\_ 5. State in which business was Incorporated: \_\_\_\_\_

6. Registered Office in that jurisdiction Physical Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Ph #: \_\_\_\_\_

\*\*Email: \_\_\_\_\_

7. Name of Registered Agent: \_\_\_\_\_

8. The Corporation is a: (Check One) \_\_\_\_\_ Business Corporation \_\_\_\_\_ Non-Profit Corporation

\_\_\_\_\_ Professional Corporation \_\_\_\_\_ Other: (Please Specify) \_\_\_\_\_

9. Period during which the Assumed Name will be used is \_\_\_\_\_ years.

*Pursuant to Title 4, Chapter 36.11 of the Texas Business and Commerce Code, Certificates of Ownership are valid for a period not to exceed 10 years.*

10. The County or Counties where business or professional services are being or are conducted under such assumed name are \_\_\_\_\_ . (If applicable, use the designation "all" or "all excepted")

11. If this Instrument is executed by the Attorney-in-Fact, he/she has been authorized in writing, by his/her principal to execute and acknowledge this Instrument.

By: \_\_\_\_\_

Signature and Title of Officer, Representative, or Attorney-In-Fact

**Fee: \$24.00**

The State of Texas  
County of \_\_\_\_\_

This Instrument was acknowledged before me this the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
the person/persons whose name is subscribed to the foregoing Instrument on behalf of said  
Corporation or Association.

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

\_\_\_\_\_  
Printed Name of Notary

Office use only