

ASSUMED NAME RECORDS

CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OF PROFESSION

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED

PHYSICAL ADDRESS OF BUSINESS

CITY: _____ STATE: _____ ZIP CODE: _____

PERIOD DURING WHICH ASSUMED NAME WILL BE USED: _____

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)

BUSINESS IS TO BE CONDUCTED AS (check one):

Individual General Partnership Limited Partnership Other: _____
(Name Type)

CERTIFICATE OF OWNERSHIP

I/We, the undersigned, am/are the owner(s) of the above business and my/our name(s) and address(es) give is/are true and correct, and there is/are no ownership(s) in said business other than those listed herein below

NAME OF OWNERS

NAME: _____ SIGNATURE: _____

ADDRESS: _____ ZIP CODE: _____

NAME: _____ SIGNATURE: _____

ADDRESS: _____ ZIP CODE: _____

NAME: _____ SIGNATURE: _____

ADDRESS: _____ ZIP CODE: _____

THE STATE OF TEXAS §

COUNTY OF BROWN §

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 is/are the owner(s) of the above-named business and that he signed same for the purposes and consideration therein expressed.

This instrument was acknowledged before me on the _____ day of _____, 2012.

(seal)

NOTARY PUBLIC, STATE OF TEXAS