

ASSUMED NAME RECORD
CERTIFICATE OF OWNERSHIP FOR BUSINESS OR PROFESSION

NAME UNDER WHICH BUSINESS IS TO BE CONDUCTED

(Print or type name of business)

Business

Address: _____ City _____ State _____ Zip _____

Mailing

Address: _____ City _____ State _____ Zip _____

(If different than business address)

TIME PERIOD BUSINESS NAME WILL BE USED (not to exceed 10 yrs.) _____ YEARS

Notice: Certificates of ownership are valid only for a time period not to exceed 10 years from date filed with the County Clerk (Chapter 36, Sec 1, Title 4 Business and Commerce Code)

BUSINESS WILL BE CONDUCTED AS: (check One Only)

1. Proprietorship _____ 2. Sole Practitioner _____ 3. Joint Venture _____ 4. General Partner _____
5. Limited Partnership _____ 6. Real Estate Investment Trust _____ 7. Joint-Stock Company _____
8. Other _____

CERTIFICATE OF OWNERSHIP

I/We the undersigned, are the owner (s) of the above business and my/our name(s) and address (es) is/are true and correct and there are no other owners in said business.

PRINT OR TYPE NAME. NOTE: SIGNATURES MUST BE SIGNED IN FRONT OF A NOTARY

NAME: _____ **Signature:** _____

(Print Owner/Corporation Name)

Address:

NAME: _____ **Signature:** _____

(Print Owner/Corporation Name)

Address:

NAME: _____ **Signature:** _____

(Print Owner/Corporation Name)

Address:

STATE OF TEXAS
COUNTY OF JACK

Before me, the undersigned authority, on this day personally appeared _____
Those person(s) whose name(s) are listed above known to me to be the person(s) subscribed to the foregoing instrument and acknowledged to me that they are the owner(s) of the above named business and that they signed the same for the purpose and consideration herein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS _____ DAY OF _____,

(SEAL)

Signature of Notary/ Deputy County Clerk