

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.

(See Chapter 71 of the Texas Business and Commerce Code for other requirements and additional information)

NAME IN WHICH BUSINESS IS, OR IS TO BE, CONDUCTED:

PHYSICAL ADDRESS OF BUSINESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PERIOD DURING WHICH ASSUMED NAME WILL BE USED (not to exceed 10 years): _____

BUSINESS IS TO BE CONDUCTED AS (check one):

- Sole Practitioner General Partnership Proprietorship Real Estate Investment Trust
- Limited Partnership Joint Venture Joint Stock Company Non-Profit
- Other (name type): _____

CERTIFICATE OF OWNERSHIP

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

NAMES OF OWNERS

NAME _____ SIGNATURE _____

ADDRESS _____

NAME _____ SIGNATURE _____

ADDRESS _____

NAME _____ SIGNATURE _____

ADDRESS _____

**THE STATE OF TEXAS
COUNTY OF BEE**

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 the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on _____, _____

(seal)

Notary Public in and for State of Texas



MICHELE BRIDGE, Bee County Clerk

By _____
Deputy

EXAMPLE ONLY

ASSUMED NAME RECORDS

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FILED IN THE COUNTY CLERK'S OFFICE.

(See Chapter 71 of the Texas Business and Commerce Code for other requirements and additional information)

NAME IN WHICH BUSINESS IS, OR IS TO BE, CONDUCTED:

YOUR BUSINESS NAME

PHYSICAL ADDRESS OF BUSINESS: ADDRESS OF BUSINESS

CITY: STATE: ZIP CODE:

PERIOD DURING WHICH ASSUMED NAME WILL BE USED (not to exceed 10 years): 10 YEARS FROM FILING DATE

BUSINESS IS TO BE CONDUCTED AS (check one):

- Checkboxes for Sole Practitioner, General Partnership, Proprietorship, Real Estate Investment Trust, Limited Partnership, Joint Venture, Joint Stock Company, Non-Profit, and Other (name type).

CERTIFICATE OF OWNERSHIP
I/We, the undersigned, are the owner(s) of the above business and my/our name(s) and address(es) given is/are true and correct, and there is/are no ownership(s) in said business other than those listed herein below.
NAMES OF OWNERS
NAME YOUR NAME SIGNATURE *DO NOT SIGN UNTIL YOU ARE IN FRONT OF THE NOTARY
ADDRESS YOUR HOME ADDRESS
NAME SIGNATURE
ADDRESS
NAME SIGNATURE
ADDRESS

THE STATE OF TEXAS
COUNTY OF DALLAS

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared

NOTARY WILL PUT YOUR NAME HERE

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 the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on DATE BY NOTARY

SIGNATURE OF NOTARY

NOTARY STAMP (seal)

Notary Public in and for State of Texas



MICHELE BRIDGE, Bee County Clerk

By OUR SIGNATURE Deputy

OFFICE USE ONLY