

**ASSUMED NAME CERTIFICATE**

NOTICE: "CERTIFICATE OF OWNERSHIP" ARE VALID FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE.  
(Chapter 36, Section. 1, Title 4-Business and Commerce Code)

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED:

\_\_\_\_\_  
(Print or Type)

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business is to be conducted as (check one):

Proprietorship       General Partnership

\*The decision regarding business structure is a decision that a person should make, in consultation with an attorney, accountant and a banking institution. Corporations, LLC/Limited Liability Company, Limited Partnership & Limited Liability Partnerships go through the Secretary of State.

[www.sos.state.tx.us/corp/sosda/index.shtml](http://www.sos.state.tx.us/corp/sosda/index.shtml) Email: [sosdirect@sos.texas.gov](mailto:sosdirect@sos.texas.gov) Phone: (512)463-5555

**CERTIFICATE OF OWNERSHIP**

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

Name of Owners	
Name: _____	Title: _____
Address: _____	
Phone No. ( ) _____	
<b>Signature:</b> _____	
Name: _____	Title: _____
Address: _____	
Phone No. ( ) _____	
<b>Signature:</b> _____	
Name: _____	Title: _____
Address: _____	
Phone No. ( ) _____	
<b>Signature:</b> _____	

STATE OF TEXAS                    §

COUNTY OF \_\_\_\_\_ §

Before me, the undersigned authority, this instrument was acknowledged on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_.

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