ASSUMED NAME CERTIFICATE FOR INCORPORATED BUSINESS OR PROFESSION

NOTICE: A CERTIFICATE OF OWNERSHIP IS 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) THIS CERTIFICATE PROPERLY EXECUTED IS TO BE FILED IMMEDIATELY WITH THE COUNTY CLERK

Name in which business or professional service is or will be conducted (PRINT OR TYPE)

Address: ___________________________ City ______ State ______ Zip Code ______

1. The name of the incorporated business or profession as stated in its Articles of Incorporation or comparable document is: ___________________________

2. The state, country or other jurisdiction under the laws of which it was incorporated is: __________________________________________________________

The address of its registered or similar office in that jurisdiction is: __________________________________________________________

3. The period (NOT TO EXCEED 10 YEARS) during which the assumed name will be used: ___________________________

4. Business is to be conducted as: □ Corporation □ Limited Liability Company
   □ Professional Association □ Limited Liability Partnership
   □ Limited Partnership □ Other ___________________________

5. If the corporation is required to maintain a registered office in Texas, the address of the registered office is: ___________________________

The name of its registered agent at such address is: __________________________________________________________

The address of the principal office (if not the same as the registered office) is: ___________________________

6. If the corporation is not required to or does not maintain a registered office in Texas, the office address in Texas is: ___________________________

And if the corporation is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is: ___________________________

And the office address elsewhere is: ___________________________

7. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are (must file in each county if doing business as such): ___________________________

8. If this instrument is executed by the attorney-in-fact, the attorney-in-fact hereby states that he/she has been duly authorized in writing, by his/her principal to execute and acknowledge this instrument.

Name of Corporation: ___________________________

<FOR COUNTY CLERK’S USE ONLY>

By: __________________________________________________________
   (Signature of officer, representative or attorney-in-fact) Title ___________________________

THE STATE OF TEXAS, COUNTY OF ANGELINA

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

Known to me to be the person whose name is subscribed to the foregoing instrument and, under oath, acknowledged to me that he/she signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE,

THIS _____ DAY OF __________________, 20______.

________________________________________
Notary Public (Place Notary Seal Below)