ASSUMED NAME CERTIFICATE
OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED (PRINT OR TYPE)

BUSINESS ADDRESS: _______________________________________ City: ______ State: ______ Zip Code: ______

Period (NOT TO EXCEED 10 YEARS) during which the assumed name will be used: _____________

Business is to be conducted as: □ Sole Proprietorship □ General Partnership
□ Real Estate Investment Trusts □ Other _____________________________

CERTIFICATE OF OWNERSHIP

I/WE, THE UNDERSIGNED, ARE THE OWNER(S) OF THE ABOVE BUSINESS AND MY/OUR NAME(S) AND ADDRESS GIVEN IS/ARE TRUE AND CORRECT, AND THERE IS NO OWNERSHIP(S) IN SAID BUSINESS OTHER THAN THOSE LISTED HEREIN BELOW

NAME: ______________________________________ SIGNATURE: ______________________________________

ADDRESS: ___________________________________ CITY: ___________________ STATE: _________ ZIP CODE: __________

NAME: ______________________________________ SIGNATURE: ______________________________________

ADDRESS: ___________________________________ CITY: ___________________ STATE: _________ ZIP CODE: __________

NAME: ______________________________________ SIGNATURE: ______________________________________

ADDRESS: ___________________________________ CITY: ___________________ STATE: _________ ZIP CODE: __________

NAME: ______________________________________ SIGNATURE: ______________________________________

ADDRESS: ___________________________________ CITY: ___________________ STATE: _________ ZIP CODE: __________

THE STATE OF TEXAS, COUNTY OF ANGELINA

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

__________________________________________
Notary Public  (Place Notary Seal Below)

<FOR COUNTY CLERK’S USE ONLY>

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______.