

ASSUMED NAME CERTIFICATE

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED:

(Please type or Print)

Business Address: _____

City: _____ **State:** _____ **Zip Code:** _____

ASSUMED NAME IS VALID FOR A PERIOD OF 10 YEARS UNLESS DESIGNATED FOR LESS. _____ YEARS

TYPE OF BUSINESS

- _____ Sole Proprietorship
- _____ Limited Partnership
- _____ Joint Venture
- _____ Sole Practitioner

- _____ General Partnership
- _____ Joint Stock Company
- _____ Real Estate Investment Company
- _____ Non-Profit Organization

OWNER INFORMATION:

Name: _____

Personal Address: _____

Signature: _____

(Please DO NOT SIGN until you are in front of a Notary)

Name: _____

Personal Address: _____

Signature: _____

(Please DO NOT SIGN until you are in front of a Notary)

Name: _____

Personal Address: _____

Signature: _____

(Please DO NOT SIGN until you are in front of a Notary)

State of Texas)
County of _____)

This instrument was acknowledged before me by _____
on this the _____ day of _____, 20_____.

My Commission Expires:

NOTARY PUBLIC, STATE OF TEXAS

(Please Print or Type Name)