

FILING FEE - \$20.00  
.50¢ - EACH ADDITIONAL  
SIGNATURE AS OWNER

# ASSUMED NAME CERTIFICATE

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 (Chapter 36, Sect. 1, Title 4 - Business and Commerce Code)

NUMBER OF YEARS THIS BUSINESS NAME WILL BE USED (Not to exceed 10 years) \_\_\_\_\_ YEARS

NAME IN WHICH BUSINESS WILL BE CONDUCTED: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS TO BE CONDUCTED AS:  SOLE PROPRIETORSHIP  GENERAL PARTNERSHIP  OTHER \_\_\_\_\_

LIMITED PARTNERSHIPS, LIMITED LIABILITY COMPANIES, AND CORPORATIONS MUST BE FILED WITH THE SECRETARY OF STATE - IF BUSINESS WILL BE IDENTIFIED BY A NAME OTHER THAN THE NAME ON FILE WITH THE SECRETARY OF STATE, AN ASSUMED NAME CERTIFICATE MUST BE FILED WITH THE SECRETARY OF STATE AND IN EACH COUNTY IN WHICH THE BUSINESS WILL HAVE A REGISTERED OR PRINCIPAL OFFICE.

## 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/ARE NO OWNERSHIP(S) IN SAID BUSINESS OTHER THAN LISTED BELOW.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ (residence) CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ (residence) CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ (residence) CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STATE OF TEXAS - COUNTY OF San Augustine

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/SHE/THEY SIGNED THE SAME FOR THE PURPOSE AND CONSIDERATION THEREIN EXPRESSED.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

THIS AREA FOR CLERK'S USE ONLY

SIGNATURE OF NOTARY \_\_\_\_\_  
Notary Public in and for the State of Texas  
Commission Expires: \_\_\_\_\_  
**\*\*PLACE NOTARY SEAL BELOW\*\***