

**ASSUMED NAME CERTIFICATE**

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

(PRINT OR TYPE / BLACK OR BLUE INK)

NAME OF BUSINESS: \_\_\_\_\_

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

CITY STATE ZIP CODE

IF INCORPORATED, NAME OF THE INCORPORATED BUSINESS: \_\_\_\_\_

IF INCORPORATED, THE STATE IN WHICH THE BUSINESS WAS INCORPORATED: \_\_\_\_\_

THE COUNTY OR COUNTIES WHERE BUSINESS IS TO BE CONDUCTED UNDER SUCH ASSUMED NAME IS/ARE: \_\_\_\_\_

PERIOD (not to exceed ten years) DURING WHICH THE ASSUMED NAME WILL BE USED IS: \_\_\_\_\_

BUSINESS IS TO BE CONDUCTED AS (Check one):

- Sole Proprietorship       Non-Profit       Professional Corporation       Limited Liability Corporation
- General Partnership       Business Corporation       Real Estate Investment Trust       Other \_\_\_\_\_

I/We the undersigned, am/are the owner(s), and/or registered agent, authorized representative, or attorney-in-fact, of the above business and my/our name(s) and address(es) given is/are true and correct and there is/are no ownership(s) and/or registered agent, authorized representative, or attorney-in-fact whose name is required to be stated in the certificate not listed herein.

NAME/TITLE _____ <small>(PRINT OR TYPE)</small>	SIGNATURE _____
ADDRESS _____ <small>(HOME OR REGISTERED OFFICE)</small>	CITY STATE ZIP CODE
NAME/TITLE _____ <small>(PRINT OR TYPE)</small>	SIGNATURE _____
ADDRESS _____ <small>(HOME OR REGISTERED OFFICE)</small>	CITY STATE ZIP CODE
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NAME/TITLE _____ <small>(PRINT OR TYPE)</small>	SIGNATURE _____
ADDRESS _____ <small>(HOME OR REGISTERED OFFICE)</small>	CITY STATE ZIP CODE

THE STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

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 s/he/they executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on \_\_\_\_\_, \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public in and for the State of Texas