

ASSUMED NAME CERTIFICATE
FOR AN UNINCORPORATED BUSINESS OR PROFESSION
(Chapter 36, Title 4 Business and Commerce Code)

1. _____
Name under which Business or Professional Service will be conducted

2. _____ City _____ State _____ Zip _____
Business Address

3. The period, not to exceed 10 years, during which the assumed name will be used is _____ years.

4. The Business or Professional Service under this Assumed Name will be conducted as a (check one):

_____ Sole Proprietorship _____ Sole Practitioner _____ Joint Venture
_____ Limited Partnership _____ General Partnership _____ Real Estate Investment Trust
_____ Joint Stock Company _____ Other (name type) _____

5. List the name(s) and complete address of owner(s) under the Assumed Name. (Please print)

1. Name: _____ Signature _____
Address: _____, City _____ State _____ Zip _____

2. Name: _____ Signature _____
Address: _____, City _____ State _____ Zip _____

3. Name: _____ Signature _____
Address: _____, City _____ State _____ Zip _____

4. Name: _____ Signature _____
Address: _____, City _____ State _____ Zip _____

Applicant

THE STATE OF TEXAS
COUNTY OF MILLS

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this date personally appeared _____
Known to me to be the persons(s) whose name(s) is/are subscribe to the foregoing instrument and under oath, acknowledged to me that they are the owner(s) of the above named business and that they signed the same for the purpose and consideration therein expressed.

Given under my hand seal of office, this _____ day of _____, 20____.

SEAL

Notary Public in and for _____ County

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