

ASSUMED NAME CERTIFICATE

THE STATE OF TEXAS
COUNTY OF SAN PATRICIO

) (KNOW ALL MEN BY THE PRESENTS:

THAT I / We, the undersigned for the purpose of complying with chapter 36, Title 4, Business & Commerce Code of the State of Texas, do hereby certify to the following facts:

1. _____ is the assumed name under which the business or professional services is or is to be conducted or rendered.

2. _____ is the physical address of said business or professional services.

3. _____ is the mailing address of said business or professional services.

4. Registrant:
_____ Individual _____ Partnership _____ Estate _____ Company _____ Corporation _____ Non-Profit Organization

5. _____
Type of Business

6. That the true and real full names of persons conducting or transacting such business, and their address (real or PO) are as follows:

Table with 2 columns: NAME & TITLE, ADDRESS & BUSINESS PHONE NUMBER. Contains three rows of blank entries for Name and Title.

IN TESTIMONY WHEREOF, we have hereunto set our hands this, the _____ day of _____, A.D. 20____.*

*This certificate shall be effective for period not to exceed ten (10) years from date said certificate is filed in the office of County Clerk. See Article 5924 (a).

*SIGNATURE(S)

THE STATE OF TEXAS }
COUNTY OF _____ } Before, the undersigned, on this day personally appeared

_____ known to me to be the person _____ whose name is subscribed to the foregoing certificate, and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

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

Signature of Notary Public

