

ASSUMED NAME RECORDS

HASKELL COUNTY TEXAS

CERTIFICATE OF OWNERSHIP OF A 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, Sec. 1, Title 4-Business and Commerce Code)

BUSINESS NAME
(IN WHICH BUSINESS IS OR WILL BE CONDUCTED)

PHYSICAL ADDRESS OF BUSINESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PERIOD (not to exceed 10 years) during which Assumed Name will be used: _____ // _____
from date filed to

BUSINESS IS TO BE CONDUCTED AS (check one):

Individual General Partnership Limited Partnership Other: _____

CERTIFICATE OF OWNERSHIP

I/We, the undersigned, are the owner(s) 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) in said business other than those listed herein below. MUST BE SIGNED IN FRONT OF NOTARY.

NAME(S) OF OWNERS

NAME _____ SIGNATURE _____
(PRINT OR TYPE)
ADDRESS _____

(CITY, STATE, ZIP) (MAILING ADDRESS)

NAME _____ SIGNATURE _____
(PRINT OR TYPE)
ADDRESS _____

(CITY, STATE, ZIP) (MAILING ADDRESS)

NAME _____ SIGNATURE _____
(PRINT OR TYPE)
ADDRESS _____

(CITY, STATE, ZIP) (MAILING ADDRESS)

THE STATE OF TEXAS, COUNTY OF HASKELL

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 is/are the owner(s) of the above mentioned named business and that he signed the same for the purpose and consideration therein expressed.

Given under my hand and Seal of Office on _____

Notary Public in and for the State of Texas