

\$23 Recording Fee

**ASSUMED NAME RECORD (D.B.A.)
CERTIFICATE OF OWNERSHIP FOR BUSINESS OR PROFESSION**

NAME UNDER WHICH BUSINESS IS TO BE CONDUCTED



(Print or type name of business)

BUSINESS

ADDRESS: _____ CITY: _____ STATE _____ ZIP _____

MAILING

ADDRESS: _____ CITY: _____ STATE _____ ZIP _____

(If different than business address)

TIME PERIOD BUSINESS NAME WILL BE USED (not to exceed 10 years) _____ years.

NOTICE: CERTIFICATES OF OWNERSHIP ARE VALID ONLY FOR A TIME PERIOD NOT TO EXCEED 10 YEARS
FROM DATE FILED WITH THE COUNTY CLERK (BUSINESS AND COMMERCE CODE SECTION 71.151)

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 are no other owners in said business. **PRINT OR TYPE NAME. NOTE: SIGNATURE(S) MUST BE SIGNED IN FRONT OF A NOTARY**

NAME _____ **SIGNATURE:** _____
(Print Owner or Corporation Name)

(If Corporation, print your Name and Title)

ADDRESS: _____

NAME _____ **SIGNATURE:** _____
(Print Second Owner's Name)

ADDRESS: _____

NAME _____ **SIGNATURE:** _____
(Print Third Owner's Name)

ADDRESS: _____

NAME _____ **SIGNATURE:** _____
(Print Fourth Owner's Name)

ADDRESS: _____

THE STATE OF TEXAS }
COUNTY OF SOMERVELL }

Before me, the undersigned authority, on this day personally appeared _____

Those person(s) whose name(s) are listed above known to me to be the person(s) subscribed to the foregoing instrument and 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 herein expressed.

(SEAL) GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS _____ DAY OF _____, _____.

Notary Public in and for State of Texas

MICHELLE REYNOLDS, SOMERVELL COUNTY AND DISTRICT CLERK

By: _____, Deputy