VOL_____ PAGE_____ NO._____

ASSUMED NAME RECORDS
CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OF PROFESSION

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED:
_____

PHYSICAL ADDRESS OF BUSINESS_____

CITY:_____,STATE:_____ZIP CODE:_____

PERIOD DURING WHICH ASSUMED NAME WILL BE USED: _____
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 IS TO BE CONDUCTED AS **(**check one):
__ Individual __ General Partnership __ Limited Partnership __ Other: _____
(Name Type)

CERTIFICATE OF OWNERSHIP
I/We, the undersigned, am/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.
NAME OF OWNERS

NAME: _____**SIGNATURE**:_____

ADDRESS: _____ **ZIP CODE**: _____

NAME:_____**SIGNATURE**:_____

ADDRESS:_____ **ZIP CODE:** _____

NAME: _____ **SIGNATURE**:_____

ADDRESS:_____ **ZIP CODE:**_____

THE STATE OF TEXAS §
COUNTY OF BROWN §

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-named business and that __he__ signed the same for the purposes and consideration therein expressed.
GIVEN UNDER MY HAND AND SEAL OF OFFICE, on_____, 20____.

(seal)

_____
Notary Public in and for the State of Texas
SHARON FERGUSON, BROWN COUNTY CLERK
By:_____,Deputy