

CERTIFICATE NO: \_\_\_\_\_

**ASSUMED NAME RECORDS  
CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION**

\_\_\_\_\_  
(PRINT OR TYPE NAME OF BUSINESS)

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PERIOD WHICH ASSUMED BUSINESS NAME WILL BE USED: \_\_\_\_\_ TO \_\_\_\_\_

INDICATE BEGINNING DATE & EXPIRATION DATE (NOT TO EXCEED 10 YEARS)  
NOTICE (Certificate of Ownership" are valid only for a period not to exceed 10 years from date  
filed in County Clerk's Office (Chapter 36, Sec. 1, Title 4, Business & Commercial Code.

BUSINESS IS TO BE CONDUCTED AS:  
\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ LIMITED LIABILITY COMPANY  
\_\_\_\_ GENERAL PARTNERSHIPS \_\_\_\_\_ LIMITED PATNERSHIP \_\_\_\_\_ REGISTERED LIMITED  
LIABILITY PARTNERSHIP \_\_\_\_\_ OTHER

County or counties within the State of Texas where the business or professional services are  
being or are to be conducted or rendered under said assumed name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
**CERTIFICATE OF OWNERSHIP**

I, We, the undersigned, are the owner \_\_\_ of the above business and my/our name and address  
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 \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

\*\*\*\*\*

**ELVARAY B. SILVAS, BROOKS COUNTY CLERK**

BY: \_\_\_\_\_, DEPUTY



**Certificate of Acknowledgement**

State of Texas  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_,

Personally appeared:

\_\_\_\_\_  
\_\_\_\_\_

personally known to me

--or--

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she /they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

**Witness my hand and official seal**

(seal)

\_\_\_\_\_  
**Notary Signature**