

ASSUMED NAME CERTIFICATE

(Chapter 71 Business and Commerce Code)
(PRINT OR TYPE / BLACK OR BLUE INK)

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____
CITY STATE ZIP CODE

MAILING ADDRESS: _____
CITY STATE ZIP CODE

PERIOD (not to exceed 10 years) DURING WHICH THE ASSUMED NAME WILL BE USED IS: _____ years

BUSINESS IS TO BE CONDUCTED AS (Check one):

Sole Proprietorship
Practitioner

General Partnership
Other _____

Real Estate Investment Trust

I/We the undersigned, am/are the owner(s), and/or registered agent, authorized representative, or attorney-in-fact, 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) and/or registered agent, authorized representative, or attorney-in-fact whose name is required to be stated in the certificate not listed herein.

PRINT NAME/TITLE _____ SIGNATURE _____

ADDRESS _____
CITY STATE ZIP CODE

PRINT NAME/TITLE _____ SIGNATURE _____

ADDRESS _____
CITY STATE ZIP CODE

PRINT NAME/TITLE _____ SIGNATURE _____

ADDRESS _____
CITY STATE ZIP CODE

THE STATE OF TEXAS
COUNTY OF _____

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 s/he/they executed the same for the
purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on _____, _____

(SEAL)

Notary Public in and for the State of Texas