

ASSUMED NAME CERTIFICATE

1. Name in which the business will be conducted.

(Type or Print)

2. Business Address:

(Street Address or P.O. Box) (City) (State) (Zip)

3. Type of Business (check one):

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Joint Stock Company |
| <input type="checkbox"/> Limited partnership | <input type="checkbox"/> Real Estate Investment Company |
| <input type="checkbox"/> Joint venture | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Sole Practitioner | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Registered Limited Liability Partnership |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Business Corporation |
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Other: _____ |

ASSUMED NAME IS VALID FOR 10 YEARS UNLESS DESIGNATED FOR LESS. THIS ASSUMED NAME CERTIFICATION SHOULD BE VALID FOR _____ YEARS (Only if less than 10)
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4. Owners Information:

(Name)

(Street Address or P.O. Box) (City) (State) (Zip)

(Signature) **Do not sign until you are in front of a Notary**

5. Owner's Information

(Name)

(Street Address or P.O. Box) (City) (State) (Zip)

(Signature) **Do not sign until you are in front of a Notary**

6. Owner's Information

(Name)

(Street Address or P.O. Box) (City) (State) (Zip)

(Signature) **Do not sign until you are in front of a Notary**

THE STATE OF TEXAS §
COUNTY OF HARRISON §

This instrument was acknowledged before me by _____

On this the _____ day of _____, 20____.

Notary Public State of Texas
My commission expires: _____
Notary's Printed Name: _____

THE STATE OF TEXAS §
COUNTY OF HARRISON §

This instrument was acknowledged before me by _____

On this the _____ day of _____, 20____.

Notary Public State of Texas
My commission expires: _____
Notary's Printed Name: _____

THE STATE OF TEXAS §
COUNTY OF HARRISON §

This instrument was acknowledged before me by _____

On this the _____ day of _____, 20____.

Notary Public State of Texas
My commission expires: _____
Notary's Printed Name: _____

Return to:

