

No. \_\_\_\_\_

FILED DATE: \_\_\_\_\_

**ASSUMED NAME CERTIFICATE (D.B.A.)**

NOTICE: THE FILING OF THIS BUSINESS NAME IS VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERKS OFFICE.

**NAME IN WHICH BUSINESS WILL BE CONDUCTED**

**BUSINESS ADDRESS** **CITY** **ST** **ZIP CODE**

TIME PERIOD BUSINESS NAME WILL BE USED (not to exceed 10 years) \_\_\_\_\_ YEARS.

BUSINESS IS A (check one):  SOLE PROPRIETORSHIP  GENERAL PARTNERSHIP  
 UNINCORPORATED NONPROFIT ASSOCIATION

I/WE, THE UNDERSIGNED, ARE THE OWNER(S) OF THE ABOVE BUSINESS AND MY/OUR NAME(S) AND ADDRESS GIVEN IS/ARE TRUE AND CORRECT, AND THERE IS/ARE NO OWNERSHIP(S) IN SAID BUSINESS OTHER THAN LISTED BELOW.

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

**RESIDENTIAL ADDRESS** **CITY** **ST** **ZIP CODE**

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**NAME** **SIGNATURE**

**RESIDENTIAL ADDRESS** **CITY** **ST** **ZIP CODE**

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**NAME** **SIGNATURE**

**RESIDENTIAL ADDRESS** **CITY** **ST** **ZIP CODE**

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**NOTARY USE ONLY**

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 ACKNOWLEDGE TO ME THAT HE/SHE/ THEY SIGNED THE SAME FOR THE PURPOSE AND CONSIDERATION THEREIN EXPRESSED.**

GIVEN UNDER MY HAND AND SEAL OF THE OFFICE, THIS THE .20 DAY OF .20

(NOTARY SEAL)

AARON IBARRA, FRIO COUNTY CLERK

**SIGNATURE OF NOTARY**

DEPUTY