

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.

NAME _____ **SIGNATURE** _____

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

NAME _____ **SIGNATURE** _____

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

NAME _____ **SIGNATURE** _____

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

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 _____ DAY OF _____, 20_____.

(NOTARY SEAL)

AARON IBARRA, FRIO COUNTY CLERK

SIGNATURE OF NOTARY

DEPUTY