

JACKIE ENSEY, COUNTY CLERK  
STEPHENS COUNTY, TEXAS  
200 W. WALKER  
BRECKENRIDGE, TX 76424  
254.559.3700

### ASSUMED NAME CERTIFICATE /D.B.A. (Unincorporated profession)

NOTICE: "CERTIFICATES" ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE.

(Chapter 36, Title 4 Business and Commerce Code)

This certificate property executed is to be filed immediately with the County Clerk as provided by law.

#### NAME UNDER WHICH BUSINESS OR PROFESSIONAL SERVICES IS OR WILL BE CONDUCTED:

Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Period (not to exceed ten years) during which the assumed name will be used: \_\_\_\_\_

Business is to be conducted as (Check one):

Sole Proprietorship       Sole Practitioner       Joint Venture  
 General Partnership       Limited Partnership       Real Estate Investment Trust  
 Joint Stock Company       Other (name type): \_\_\_\_\_

#### CERTIFICATE OF OWNERSHIP

I/We, the undersigned, are the owner(s) of the above business and my/our names(s) and address(es) are given is/are true and correct, and  
There is/are no ownership(s) in said business other than those listed herein below.

##### --NAMES OF OWNERS --

1<sup>ST</sup> NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Print or Type) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2<sup>ND</sup> NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Print or Type) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3<sup>RD</sup> NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Print or Type) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

THE STATE OF TEXAS  
COUNTY OF STEPHENS

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 under oath, acknowledged to me that  
they are the owner(s) of the above-named business and that they signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

## ASSUMED NAME FORM INSTRUCTIONS

- ❖ Print or type the assumed name exactly the way it is to appear on the certificate including punctuation, spaces and abbreviations.
- ❖ Print or type the address of the business.
- ❖ Print or type the period during which assumed name will be used. The filing is valid for a maximum of 10 years.
- ❖ Check the appropriate box the business is to be conducted as.

**NOTE: The County Clerk staff does not know what type of business an applicant should check. Please seek legal advice if you are unsure.**

- ❖ Complete Certificate of Ownership section. Print or type name(s) of owner(s) address(s).
- ❖ Sign in front of notary.

- ❖ Present a valid, current driver's license, state ID, passport or military ID.

**NOTE: If more than one owner is listed on an assumed name, all parties must have their signatures notarized.**

- ❖ The filing fee is \$24.00.