

# ASSUMED NAME CERTIFICATE FOR CERTAIN UNINCORPORATED PERSONS

ASSUMED NAME under which the business or professional service is or is to be conducted (print clearly):

PHYSICAL ADDRESS OF BUSINESS (print clearly):

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business: \_\_\_\_\_

I hereby state that this registrant is:

- AN INDIVIDUAL. Below is my full name and residence address.
- A PARTNERSHIP. Below is the name and office address of the venture or partnership; the full name of each joint venture or general partner; and each joint venturer's or general partner's office address, if the venture or partner is not an individual.
- AN ESTATE. Below is the name and address (if any) of the estate; the full name of each representative of the estate; and each representative's residence address if the representative is an individual, or the representative's office address, if the representative is not an individual.
- A REAL ESTATE INVESTMENT TRUST. Below is the name and address of the trust; the full name of each trustee manager; and each trustee manager's residence address, if the trustee manager is an individual, or the trustee manager's office address, if the trustee manager is not an individual.
- COMPANY OTHER THAN A REAL ESTATE INVESTMENT TRUST. Below is the name and office address of the company. The state, country, or other jurisdiction under the laws of which this company was organized is \_\_\_\_\_

And further state that this registrant is not a limited partnership, limited liability company, limited liability partnership, or foreign filing entity.

Information required as listed above (print clearly):

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

FOR USE BY NOTARY AND CLERK OF THE COURT, DEPUTY. The State of Texas and County of Rusk

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 he/she/they signed the same purpose and consideration therein expressed. Given under my hand and seal of office, on \_\_\_\_\_

Signature of Notary Public in and for the State of Texas or Clerk of the Court, Deputy

Seal of the Notary Public or Clerk of the Court, Deputy

<p><b>INFORMATION WHERE DOCUMENT SHOULD BE RETURNED</b> (to be completed by applicant): In the spaces below, clearly print the name, address, city, state, and zip code where this document should be returned</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Form of identification presented: \_\_\_\_\_