



Pam Harrison
 COUNTY CLERK, COOKE COUNTY
 101 S. DIXON ST, GAINESVILLE, TEXAS 76240

ASSUMED NAME (DBA) CERTIFICATE OF OWNERSHIP FOR BUSINESS OR PROFESSION

NOTICE: "Assumed Names/DBA" are valid only for a period not to exceed **10 years** from the date filed in the County Clerk's Office. THE COUNTY CLERK IS NOT RESPONSIBLE FOR VERIFYING THE ACCURACY OF THE INFORMATION CONTAINED IN AN "ASSUMED NAME/DBA" CERTIFICATE. THIS CERTIFICATE PROPERLY EXECUTED IS THE BE FILED IMMEDIATELY WITH THE COUNTY CLERK.

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

(Print or type name of business)

BUSINESS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS IS TO BE CONDUCTED AS (CHECK ONLY ONE):

- | | |
|---|---|
| <input type="checkbox"/> GENERAL PARTNERSHIP | <input type="checkbox"/> LIMITED PARTNERSHIP |
| <input type="checkbox"/> INDIVIDUAL/ SOLE PROPRIETORSHIP | <input type="checkbox"/> OTHER _____ |

CERTIFICATE OF OWNERSHIP

I/We the undersigned is/ are the owner(s) of the above business and my/our name(s) and address(es) given is/are true and correct and there are no other owners in said business.

NAMES OF OWNERS

Name: _____ Signature: _____

Residence Address: _____ Zip Code: _____

Name: _____ Signature: _____

Residence Address: _____ Zip Code: _____

Name: _____ Signature: _____

Residence Address: _____ Zip Code: _____

THE STATE OF TEXAS AND COUNTY OF COOKE

Before me, the undersigned authority, on this day personally appeared _____ those person(s) whose name(s) are listed above known to me to be the person(s) subscribed to the foregoing instrument and 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 herein expressed.

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

PAM HARRISON, COUNTY CLERK
 COOKE COUNTY, TEXAS

 Signature of notary public (Seal) **OR** _____
 Deputy Clerk (Seal)