

**NON-STATE CHARTERED BUSINESS  
ASSUMED NAME CERTIFICATE OF OWNERSHIP**

**NOTICE:** "CERTIFICATES OF OWNERSHIP" ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE (Chapter 36, Sect. 1, Title 4 - Business and Commerce Code)

**NUMBER OF YEARS THIS BUSINESS NAME WILL BE USED (Not to exceed 10 years) \_\_\_\_\_ YEARS**

**NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(residence)

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

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(residence)

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

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(residence)

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

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(residence)

**STATE OF TEXAS – COUNTY OF** \_\_\_\_\_

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 FOR THE PURPOSE AND CONSIDERATION THEREIN EXPRESSED.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**DO NOT WRITE OR TYPE BELOW THIS LINE, FOR CLERK'S USE**

\_\_\_\_\_  
**SIGNATURE OF NOTARY**  
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS  
COMMISSION EXPIRES: \_\_\_\_\_

**PLACE NOTARY SEAL BELOW**