

ASSUMED NAME RECORD

CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION

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)
(THIS CERTIFICATE PROPERLY EXECUTED IS TO BE FILED IMMEDIATELY WITH THE COUNTY CLERK)

| | | | | | |
|--|--|--------|------------------------------|-----------|---------------------|
| NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED: | | | | | |
| BUSINESS ADDRESS: | | | | | |
| CITY: | | STATE: | TEXAS | ZIP CODE: | |
| PERIOD (NOT TO EXCEED 10 YEARS) DURING WHICH THE ASSUMED NAME WILL BE USED | | | | TO | |
| BUSINESS IS TO BE CONDUCTED AS: (CHECK ONE) | | | | | |
| SOLE PROPRIETORSHIP | | | JOINT VENTURE | | GENERAL PARTNERSHIP |
| LIMITED PARTNERSHIP | | | REAL ESTATE INVESTMENT TRUST | | JOINT STOCK COMPANY |
| OTHER: (PLEASE NAME) | | | | | |

CERTIFICATE OF OWNERSHIP

We the undersigned are the owners of the above business and our names and addresses given are True and correct, and there are no ownerships in said business other than those listed below.

| | | | |
|----------|--|-----------------|--|
| NAME: | | SIGNATURE: | |
| ADDRESS: | | CITY/STATE/ZIP: | |
| NAME: | | SIGNATURE: | |
| ADDRESS: | | CITY/STATE/ZIP: | |
| NAME: | | SIGNATURE: | |
| ADDRESS: | | CITY/STATE/ZIP: | |
| NAME: | | SIGNATURE: | |
| ADDRESS: | | CITY/STATE/ZIP: | |

THE STATE OF TEXAS

COUNTY OF _____

BEFORE ME THE UNDERSIGNED AUTHORITY, on this day personally appeared _____, _____, _____ and _____ known to me to be the persons whose names are subscribed to the foregoing instrument and acknowledged to me that they are the owners of the above-named business and that they signed the same day for the purpose and consideration.

GIVEN UNDER MY HAND AND SEAL OF OFFICE ON THE _____ DAY OF _____, _____.

Notary Seal

Notary Signature

Notary Public in and for the State of _____