

**ASSUMED NAME CERTIFICATE OF OWNERSHIP**  
(Chapter 71 Business and Commerce Code)

1. **Assumed Name/Name of Business** under which the business or professional service is or is to be conducted (**print clearly**):

\_\_\_\_\_

2. **Entity Information:** Legal name of the entity filing the assumed name is:

\_\_\_\_\_

3. **The Entity Filing the Assumed Name Is:** Select one of the following:

- An Individual/Sole Proprietorship** Below is my full name and residence address.
- General 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.
- Other.** \_\_\_\_\_

Specify type of entity. For example: (For Profit Corporation, Nonprofit Corporation, Professional Corporation, Professional Association, Limited Liability Company, Limited Partnership, Limited Liability Partnership, Cooperative Association, Joint Venture)

4. **The State, Country, Or Other Jurisdiction** under the laws of which this company was organized is \_\_\_\_\_

5. **Physical Address of Business (print clearly):**

Address \_\_\_\_\_, City \_\_\_\_\_, Texas Zip \_\_\_\_\_

6. **The period during which the assumed name will be used is \_\_\_\_\_ years.** (not to exceed (10) years)

7. **The county or counties where business or professional services are being or are to be conducted or rendered under the assumed name are:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and also certifies that the person is authorized to sign on behalf of the identified entity. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.

**Information required as listed above (print clearly):**

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_  
Mailing address \_\_\_\_\_, City \_\_\_\_\_, Texas, Zip \_\_\_\_\_

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_  
Mailing address \_\_\_\_\_, City \_\_\_\_\_, Texas, Zip \_\_\_\_\_

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_  
Mailing address \_\_\_\_\_, City \_\_\_\_\_, Texas, Zip \_\_\_\_\_

**The State of Texas** §  
**County of** \_\_\_\_\_ §

BEFORE ME, on this day personally appeared \_\_\_\_\_  
\_\_\_\_\_, and \_\_\_\_\_ known to be the  
person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they is/are the owner(s) of the above  
named business and that he/she/they signed the same for the purposes and consideration therein expressed.

Given under my hand and seal of Office this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
**Printed Name of Notary or County Clerk**

\_\_\_\_\_  
**Signature of Notary or Deputy Clerk**