

PAM GREENE
WINKLER COUNTY CLERK
P.O. Box 1007
Kermit, Texas 79745
432/586-3401



Pursuant to Title 5, §71.151(a) of the Texas Business and Commerce Code, Certificates of Ownership are valid for a period not to exceed 10 years during which the assumed name will be used.

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 _____

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. The period, not to exceed (10) years, during which the assumed name will be used is _____ years.

Information required as listed above (print clearly):

Name _____ Signature _____

Address _____

Name _____ Signature _____

Address _____

Name _____ Signature _____

Address _____

FOR USE BY NOTARY for The State of Texas and County of Winkler:

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

Seal of the Notary Public

INFORMATION WHERE DOCUMENT SHOULD BE RETURNED (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

Filing Fee for 1 person \$25.00 for 2 people \$25.50