

ASSUMED NAME OF BUSINESS
CERTIFICATE OF OWNERSHIP
FOR UNINCORPORATED BUSINESS OR PROFESSION

No. _____

BUSINESS NAME AND PHYSICAL ADDRESS (Please Print Legibly):

Name: _____

City, State, Zip: _____

THE PERIOD, NOT TO EXCEED TEN YEARS, DURING WHICH THE ASSUMED NAME WILL BE USED IS
FROM _____ TO _____.

BUSINESS IS TO BE CONDUCTED AS: (CHECK ONE)

____ SOLE PROPRIETORSHIP

____ SOLE PRACTITIONER

____ REAL ESTATE INVESTMENT TRUST

____ JOINT VENTURE

____ JOINT-STOCK COMPANY

____ GENERAL PARTNERSHIP

____ OTHER _____

CERTIFICATE OF OWNERSHIP

I/We, the undersigned, are the owner (s) of the above business. The name and address given is true and correct.
There are no ownerships in said business other than those listed below.

Owner's Name and Address (Please Print)

NAME: _____

ADDRESS: _____

SIGNATURE: _____

NAME: _____

ADDRESS: _____

SIGNATURE: _____

BEFORE ME _____ (Notary) PERSONALLY APPEARED

(Owner(s))

AND ACKNOWLEDGED THE ABOVE INFORMATION TO BE TRUE AND CORRECT: SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____ DAY OF _____, 20____.

SEAL

NOTARY PUBLIC, STATE OF TEXAS

I, DIANNE MILLER, LAMPASAS COUNTY CLERK, DO HEREBY CERTIFY THIS INSTRUMENT HAS BEEN FILED
FOR RECORD IN THE PUBLIC RECORDS OF LAMPASAS COUNTY ON THE _____ DAY OF
_____, 20____ AT _____ .M.

DIANNE MILLER
LAMPASAS COUNTY CLERK

BY: _____, DEPUTY

RECORDING LABEL

Fee: \$25.00