

**ASSUMED NAME CERTIFICATE
FOR AN UNINCORPORATED BUSINESS OF PROFESSION**
NOTICE: "CERTIFICATES" ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM
THE DATE FILED IN THE COUNTY CLERK'S OFFICE. (Chapter 36, Title 4 Business and Commerce Code)

NAME UNDER WHICH BUSINESS OR PROFESSIONAL SERVICE IS OR WILL BE CONDUCTED:

BUSINESS NAME _____
 ADDRESS: _____
 CITY _____ STATE _____ ZIP CODE _____
 PERIOD (not to exceed ten years) during which the assumed name will be used is: _____

Business is to be conducted as (Check one):

- Sole Proprietorship Sole Practitioner Joint Venture Real Estate Investment Trust
 General Partnership Limited Partnership Joint Stock Company Other: _____

CERTIFICATE OF OWNERSHIP

I/We, the undersigned, are the owner(s) of the above business and my/our name(s) and address(es) are given is/are true and correct, and there is/are no ownership(s) in said business other than those listed herein below.

-NAMES OF OWNERS-

NAME _____ SIGNATURE _____
 ADDRESS _____ STATE _____ ZIP CODE _____

NAME _____ SIGNATURE _____
 ADDRESS _____ STATE _____ ZIP CODE _____

NAME _____ SIGNATURE _____
 ADDRESS _____ STATE _____ ZIP CODE _____

NAME _____ SIGNATURE _____
 ADDRESS _____ STATE _____ ZIP CODE _____

NAME _____ SIGNATURE _____
 ADDRESS _____ STATE _____ ZIP CODE _____

THE STATE OF TEXAS
 COUNTY OF LIBERTY

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 under oath, acknowledged to me that they are the owner(s) of the above-named business and that they signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on _____.

(SEAL)

 Deputy County Clerk / Notary Public in and for the State of Texas