

**ASSUMED NAME RECORD (D.B.A.)
CERTIFICATE OF OWNERSHIP FOR BUSINESS OR PROFESSION**

NOTICE: THIS CERTIFICATE OF OWNERSHIP PROPERLY EXECUTED IS TO BE FILED IMMEDIATELY WITH THE COUNTY CLERK AS PROVIDED BY LAW

PRINT or TYPE THE NAME of the BUSINESS: _____

BUSINESS ADDRESS: _____
PHYSICAL LOCATION OF BUSINESS

CITY: _____, TEXAS ZIP _____

MAILING ADDRESS: _____
IF DIFFERENT THAN BUSINESS ADDRESS

CITY: _____, TEXAS ZIP _____

TIME PERIOD BUSINESS NAME WILL BE USED (NOT TO EXCEED 10 YEARS*) _____ YRS
*(CHPT 36, SEC 1, TITLE 4 – BUSINESS AND COMMERCE CODE)

CERTIFICATE OF OWNERSHIP

I/We the undersigned are the owners of the above business and my/our names and addresses given is/are correct and there are no other owners in said business.

PRINT OR TYPE YOUR NAME: _____

NOTE: SIGNATURES MUST BE SIGNED IN FRONT OF A NOTARY

SIGNATURE: _____

ADDRESS: _____

PRINT OR TYPE YOUR NAME: _____

NOTE: SIGNATURES MUST BE SIGNED IN FRONT OF A NOTARY

SIGNATURE: _____

ADDRESS: _____

THE STATE OF TEXAS
COUNTY OF FRANKLIN COUNTY

Before me, the undersigned authority on this day personally appeared _____ those persons whose names are listed above known to me to be the persons subscribed to the foregoing instrument and acknowledged to me that they are the owners of the above names business and that they signed the same for the purpose and consideration herein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS _____ DAY OF _____, 20_____.

SEAL

SIGNATURE OF NOTARY PUBLIC