SOMERVELL COUNTY, TEXAS
ASSUMED NAME CERTIFICATE OF OWNERSHIP
FOR INCORPORATED BUSINESS OR PROFESSION
FEE: $13.00

1. _____
Name of Business or Professional Service (Please print or type)

2. _____
Business Address City State ZIP

3. _____
Name of the incorporated Business or Profession as stated in its Articles of Incorporation.
Certificate Number (if applicable): _____. State in which business was incorporated: _____.
Address of registered office in that jurisdiction:
_____
Physical Address City State ZIP
Name of registered agent: _____

4. The corporation is a (please check one):

____ Business Corporation ____ Non-profit Corporation ____ LLC

____ Professional Corporation ____ Other (please specify): _____

5. The period during which the assumed name will be used is _____ years. (Pursuant to Title 4, Chapter 36.11 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.)

6. The county or counties where business is conducted or professional services rendered under such assumed name is/are (if applicable, use the designation "all" or "all except"): _____

7. If this Instrument is executed by the attorney-in-fact, he/she has been duly authorized in writing, by his/her principal to execute and acknowledge this instrument.

By: _____
Signature and Title of Officer, Representative or Attorney-in-Fact

STATE OF TEXAS }
COUNTY OF SOMERVELL }

(Seal)

This instrument was acknowledged before me on the _____ day of _____, 20__, by _____

Notary Public, State of Texas_____
My Commission Expires:_____

Candace Garrett, County/District Clerk

By:_____
Deputy