

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

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

2. _____
 Business Address City State ZIP

3. 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.)

4. The Business or Professional Service under this Assumed Name will be conducted as a (Please check one):

<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Sole Practitioner (Dr/Lawyer/etc)	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Joint Stock Company	<input type="checkbox"/> Real Estate Investment Trust
<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other

5. List the name(s) and street address(es) of Owner(s) under this Assumed Name.

Name	Address	City	State	ZIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Witness my/our hand(s) this _____ day of _____, 20__.

Signature _____
 Signature _____
 Signature _____
 Signature _____

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