

**ASSUMED NAME RECORD (DBA)
CERTIFICATE OF OWNERSHIP FOR A BUSINESS OR PROFESSION**

NOTICE: "Assumed Names/DBA" are valid only for a period not to exceed 10 years from the date filed in the County Clerk's Office. THE COUNTY CLERK IS NOT RESPONSIBLE FOR VERIFYING THE ACCURACY OF THE INFORMATION CONTAINED IN AN "ASSUMED NAME/DBA" CERTIFICATE. ONCE FILED WITH THE COUNTY CLERK, THIS DOCUMENT BECOMES A PERMANENT RECORD AND MAY BE CHANGED OR AMENDED ONLY BY FILING A NEW CERTIFICATE. THE COUNTY CLERK MAY REFUSE TO RECORD A CERTIFICATE THAT IS CLEARLY DEFECTIVE ON ITS FACE. CHAPTER 71, TEXAS BUSINESS & COMMERCE CODE.

BUSINESS NAME: _____

PHYSICAL ADDRESS OF BUSINESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____

PERIOD (not to exceed 10 years) DURING WHICH ASSUMED NAME WILL BE USED: _____ // _____
mm/dd/yyyy // mm/dd/yyyy

BUSINESS IS TO BE CONDUCTED AS (check one):

- Sole Proprietorship Sole Practitioner General Partnership Joint Venture
 Other (Specify) _____

CERTIFICATE OF OWNERSHIP

I/We, the undersigned, are the owner(s) of the above business and my/our names(s) and address(es) given is/are true and correct, and there is/are no ownership(s) in said business other than those listed herein below. MUST BE SIGNED IN FRONT OF NOTARY.

NAME(S) of OWNERS

NAME: _____	SIGNATURE: _____
PRINTED NAME/TITLE: _____	
ADDRESS: _____ (CITY, STATE, ZIP) (MAILING ADDRESS)	

NAME: _____	SIGNATURE: _____
PRINTED NAME/TITLE: _____	
ADDRESS: _____ (CITY, STATE, ZIP) (MAILING ADDRESS)	

NAME: _____	SIGNATURE: _____
PRINTED NAME/TITLE: _____	
ADDRESS: _____ (CITY, STATE, ZIP) (MAILING ADDRESS)	

THE STATE OF _____
COUNTY OF _____

Before me on this day personally appeared _____,
known to me or proved to me through _____ to be the person(s) whose names(s)
is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration
therein expressed.

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

Notary Public/Printed Name