

**ASSUMED NAME CERTIFICATE OF OWNERSHIP
FOR UNINCORPORATED BUSINESS OR PROFESSION**

Notice: "Certificates of Ownership" are valid only for a period not to exceed 10 years from the date filed in the County Clerk's Office. (Chapter 71, Business and Commerce Code of the State of Texas)

1. _____
Name in which business or professional service is or will be conducted (please type or print)

2. _____ City _____ State _____ Zip _____
Business address Phone Number (____) _____

3. The period, not to exceed 10 (ten) years, during which the assumed name will be used is:
10 years.

4. The business or professional service that is or is to be conducted or rendered in the county under this assumed name is being or will be conducted or rendered as a:
____ General Partnership ____ Joint Stock Company ____ Joint Venture
____ Sole Proprietorship ____ Real Estate Investment Trust
____ Some other form of unincorporated business or professional association or entity:

5. List the name(s) and complete street address(es) and phone numbers of all person(s) conducting business under the above assumed name.
Name (please print) Street City State Zip Phone (A/C)

To certify which, witness my/our hand(s) on _____, 20__.

Signature _____
Signature _____
Signature _____

**STATE OF TEXAS
COUNTY OF BANDERA**

Before me, the undersigned authority, in and for said County and State, personally appeared _____, known to me to be the person__ whose name__ is/are subscribed to the foregoing certificate and acknowledged to me that __he__ is/are the owner(s) of the above named business and that __he__ executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office, this the _____ day of _____, 20__.

NOTARY PUBLIC, STATE OF TEXAS
OR/BY
TANDIE MANSFIELD, COUNTY CLERK
BANDERA COUNTY, TEXAS