

OFFICE OF WANDA BURKE, COUNTY CLERK, ANDERSON COUNTY, TEXAS  
500 N. CHURCH ST - RM 10, PALESTINE, TEXAS 75801

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

NOTICE:  
A "CERTIFICATE OF OWNERSHIP" IS VALID ONLY FOR A PERIOD NOT  
TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE  
(Chapter 36 of the Texas Business and Commerce Code)

[A beginning character other than a letter or a number, or the last portion of a name that exceeds 57 characters, will not be reflected in the indices. Please print legibly.]

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PERIOD (not to exceed 10 years) DURING WHICH ASSUMED NAME WILL BE USED: \_\_\_\_\_

BUSINESS IS TO BE CONDUCTED AS (Check One):  Proprietorship,  Sole Proprietorship,  General Partnership,  Joint Venture,  Joint Stock Company,  Real Estate Investment Trust,  Other: \_\_\_\_\_.

I/We, the undersigned, am/are the owner(s) of the above business and my/our name(s) and address (es) given is/are true and correct, and there is/are no ownership(s) in said business other than those listed below.

**NAME OF OWNER(S)**

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(print or type)

RESIDENCE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(print or type)

RESIDENCE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(print or type)

RESIDENCE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

If this instrument is executed by an attorney-in-fact, the attorney-in-fact hereby states that s/he/they has/have been duly authorized in writing by his/her principal to execute and acknowledge the same.

THE STATE OF TEXAS           §  
COUNTY OF ANDERSON       §

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared \_\_\_\_\_

Known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledge to me that s/he/they is/are the owner(s) of the above named business and that s/he/they signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public in and for the State of Texas