

ASSUMED NAME RECORDS CERTIFICATE OF OWNERSHIP
FOR UNINCORPORATED BUSINESS OR PROFESSION

NAME IN WHICH BUSINESS WILL BE CONDUCTED

BUSINESS ADDRESS: _____

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

TIME PERIOD BUSINESS NAME WILL BE USED (not to exceed 10 yrs.) _____ years.

CERTIFICATES OF OWNERSHIP ARE VALID ONLY FOR A TIME PERIOD NOT TO EXCEED 10 YEARS FROM DATE FILED WITH THE COUNTY CLERK (§71.052 Business and Commerce Code)

BUSINESS IS TO BE CONDUCTED AS: (Check one)

- Sole Proprietorship Joint Venture General Partnership Limited Partnership
 Other (specify) _____

CERTIFICATE OF OWNERSHIP ADDRESSES

I/We, the undersigned, are the am/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 herein below.

NAME(S) OF OWNER(S)

Name: _____ Signature: _____

Address _____ City _____ State _____ Zip _____

Name: _____ Signature: _____

Address _____ City _____ State _____ Zip _____

Name: _____ Signature: _____

Address _____ City _____ State _____ Zip _____

THE STATE OF TEXAS §
COUNTY OF MIDLAND §

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY APPEARED _____

_____ those person(s) whose names(s) are listed above known to me to be the person(s) subscribed to the foregoing instrument and acknowledged to me that they are the owner(s) of the above named business and that they signed the same for the purpose and consideration herein expressed.

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

Seal

Notary Public