Kerrie Cobb, Limestone County Clerk P.O. Box 350 / 200 W. State St., Suite 102 Groesbeck, Texas 76642 Phone (254)729-5504 / Fax (254)729-2951

## 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, Sec. I, Title 4, Texas Business & Commerce Code) Name in which Business is or will be conducted: Physical Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_ Period (not to exceed 10 years) during which assumed name will be used: \_\_\_\_\_ Business to be conducted as (check one): \_\_\_\_Proprietorship \_\_\_\_Sole Practitioner \_\_\_\_General Partnership \_Joint Venture \_\_\_\_Joint Stock Company \_\_\_\_Real Estate Investment Trust \_\_\_\_Limited Partnership \_\_\_Other (Name Type) \_\_\_\_\_ Certificate of Ownership 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. Name of Owner(s) (Please Print) \_\_\_\_\_Signature \_\_\_\_ \_\_\_\_\_ City, State & Zip\_\_\_\_\_\_ \_\_\_\_\_ Signature \_\_\_\_\_ \_\_\_\_\_ City, State & Zip\_\_\_\_\_ Address\_\_ \_\_\_\_\_ Signature \_\_\_ Address\_\_\_\_\_City, State & Zip\_\_\_\_ \_\_\_\_\_ Signature \_\_\_ Address \_\_\_\_\_ City, State & Zip\_\_\_\_\_ \_\_\_\_\_ Signature \_\_\_\_\_ \_\_\_\_ City, State & Zip\_\_\_\_ 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 Limestone } 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 acknowledged to me the (s)he/they is/are the owner(s) of 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 \_\_\_\_\_