

**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 Incorporated Business of 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. 1, Title 4, Texas Business & Commerce Code)*

Name of Business \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1. The name of the corporation, limited partnership, registered limited liability company as stated in its articles of incorporation, association, organization or other comparable document is _____
2. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is and the address of its registered or similar office in that jurisdiction is _____
3. The period, not to exceed 10 years, during which this assumed name will be used is _____
4. The corporation is a ___ business corporation, ___ non-profit corporation, ___ professional corporation, ___ professional association, ___ limited partnership, ___ registered limited liability partnership, ___ limited liability company or ___ other type of corporation(specify) _____.
5. If the corporation, limited partnership, registered limited liability partnership or limited liability company is required to maintain a registered office in Texas, the address of the registered office is _____
and the name of the registered agent at such address is _____
The address of the principal office (if not the same as the registered office) is _____
6. If the corporation, limited partnership, registered limited liability partnership or limited liability company is not required to or does not maintain a registered office in the State of Texas, the office address in Texas is _____
7. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed named are (if applicable, use the designation "all" or "all except".) _____

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.

\_\_\_\_\_  
Signature of Officer, Representative or  
Attorney-in-Fact of the Corporation

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 \_\_\_\_\_

(Seal)

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