

**Peggy Beck, 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: \_\_\_\_\_

City: \_\_\_\_\_ 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)	
Name _____	Signature _____
Address _____	City, State & Zip _____
Name _____	Signature _____
Address _____	City, State & Zip _____
Name _____	Signature _____
Address _____	City, State & Zip _____
Name _____	Signature _____
Address _____	City, State & Zip _____
Name _____	Signature _____
Address _____	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 \_\_\_\_\_

(Seal)

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