

Nancy E. Rister
Williamson County Clerk

ASSUMED NAME
CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED:

BUSINESS ADDRESS

CITY STATE ZIP

HOME PHONE BUSINESS PHONE
(OPTIONAL) (OPTIONAL)

E-MAIL ADDRESS
(OPTIONAL)

Notice: "Certificates of Ownership" are valid only for a period not to exceed 10 years from the date filed.

BUSINESS IS TO BE CONDUCTED AS (check one):

Sole Proprietorship Joint Venture General Partnership
Sole Practitioner Other

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

I/We have conducted a search of the indexes of Assumed Names of Williamson County, Texas, and do not find the above business name being used prior to this filing.

NAMES OF OWNERS

NAME SIGNATURE

ADDRESS/CITY/STATE ZIP

NAME SIGNATURE

ADDRESS/CITY/STATE ZIP

NAME SIGNATURE

ADDRESS/CITY/STATE ZIP

NAME SIGNATURE

ADDRESS/CITY/STATE ZIP

THE STATE OF TEXAS
COUNTY OF WILLIAMSON

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

known to me to be the person whose name is/are subscribed to the foregoing instrument and acknowledged to me that he is/are the owner(s) of the above named business and that he executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the day of ,
20.

(Seal)

Notary Public in and for the State of Texas