

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