

ASSUMED NAME RECORD (D.B.A.)

CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED: _____

BUSINESS ADDRESS: _____

_____	_____
Physical Address	Mailing Address
_____	_____
City/State/Zip Code	City/State/Zip Code

BUSINESS IS TO BE CONDUCTED AS (CHECK ONE): _____ **SOLE PROPRIETORSHIP OR** _____ **OTHER**
OTHER: _____

(General Partnership, Joint Venture, Joint Stock Company, Sole Practitioner, Real Estate Investment Trust, Limited Partnership, Professional Association/Entity, Or Other Form of Unincorporated Business)

COUNTY WITHIN THE STATE OF TEXAS WHERE THE BUSINESS OR PROFESSION SERVICE WILL BE RENDERED:
MADISON COUNTY

THE PERIOD, NOT TO EXCEED 10 YEARS, DURING WHICH THE ASSUMED NAME WILL BE USED:
FROM: _____ **TO:** _____

CERTIFICATE OF OWNERSHIP

I/We the undersigned, are the owner(s) of the above business and my/our name(s) and address given is/are true and correct and there is/are no other owners in said business.

****** TO BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC ******

NAME: _____	_____
Signature	Mailing Address
_____	_____
Printed Name	City/State/Zip Code

NAME: _____	_____
Signature	Mailing Address
_____	_____
Printed Name	City/State/Zip Code

NAME: _____	_____
Signature	Mailing Address
_____	_____
Printed Name	City/State/Zip Code

THE STATE OF TEXAS
COUNTY OF MADISON

BEFORE ME on this _____ day of _____, 20_____, personally appeared _____ and acknowledged to me that he/she/they executed the foregoing certificate for the purpose and consideration herein expressed.

(SEAL)

Notary Public in and for the State of Texas