HOPKINS COUNTY, TEXAS
ASSUMED NAME RECORDS

CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION
NOTICE: CERTIFICATES OF OWNERSHIP ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE (CHAPTER 36, SECT. 1, TITLE 4-BUSINESS AND COMMERCE CODE)

(This certificate properly executed is to be filed immediately with the county clerk)

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED

BUSINESS ADDRESS:___________________________________________________________

CITY:_________________ STATE:_________ ZIP CODE:_______________

PERIOD (NOT TO EXCEED 10 YEARS) DURING WHICH ASSUMED NAME WILL BE USED

BUSINESS IS TO BE CONDUCTED AS (CHECK WHICH ONE):
□ PROPRIETORSHIP □ SOLE PRACTITIONER □ JOINT VENTURE □ GENERAL PARTNERSHIP
□ LIMITED PARTNERSHIP □ REAL ESTATE INVESTMENT TRUST □ JOINT STOCK COMPANY
□ OTHER (PLEASE NAME):__________________________

CERTIFICATE OF OWNERSHIP

We the undersigned are the owners of the above business and our names and addresses given are true and correct, and there are no ownerships in said business other than those listed below.

-NAMES OF OWNERS-

NAME:_________________ SIGNATURE:_________________ ZIP CODE:_______________
ADDRESS:___________________________________________________________

NAME:_________________ SIGNATURE:_________________ ZIP CODE:_______________
ADDRESS:___________________________________________________________

NAME:_________________ SIGNATURE:_________________ ZIP CODE:_______________
ADDRESS:___________________________________________________________

NAME:_________________ SIGNATURE:_________________ ZIP CODE:_______________
ADDRESS:___________________________________________________________

THE STATE OF ____________________
COUNTY OF ______________________
BEFORE ME THE UNDERSIGNED AUTHORITY, on this day personally appeared ____________________ and ____________________,
known to me to be the persons whose names are subscribed to the foregoing instrument and acknowledged to me that they are the owners of the above-named business and that they signed the same day for the purpose and consideration.

GIVEN UNDER MY HAND AND SEAL OF OFFICE ON THE _____ DAY OF ____________, ____________.

Notary Public in and for the state of ______________________