

ASSUMED NAME RECORDS
CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION
NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED

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 one):

_____ Sole Owner	_____ Joint Venture	_____ Proprietorship
_____ Limited Partnership	_____ Real Estate Investment Trust	_____ General Partnership
_____ Joint Stock Company	_____ Other (Name Type) _____	

CERTIFICATE OF OWNERSHIP

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

NAME OF OWNERS

Name: _____ Signature: _____

Address: _____ Zip code: _____

Name: _____ Signature: _____

Address: _____ Zip code: _____

Name: _____ Signature: _____

Address: _____ Zip code: _____

Name: _____ Signature: _____

Address: _____ Zip code: _____

Name: _____ Signature: _____

Address: _____ Zip code: _____

THE STATE OF TEXAS
COUNTY OF KLEBERG

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 ___ signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on _____, _____.

in and for
KLEBERG COUNTY, TEXAS

BY: _____, Deputy