

**Assumed Name Records Certificate of Ownership for
Unincorporated Business or Profession**

Notice: A certificate of ownership is valid only for a period not to exceed 10 years from the date filed in the County Clerk's office.
(Chapter 36, Sec 1, Title 4 – Texas Business and Commerce Code)

Name in Which Business Is Or Will Be Conducted: _____

Business Address: _____

City: _____, Texas Zip: _____

PERIOD (NOT TO EXCEED 10 YEARS) DURING WHICH ASSUMED NAME WILL BE USED IS FROM
DATE FILED UNTIL the _____ day of _____.

Business is to be conducted as (Check one):

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sole Practitioner | <input type="checkbox"/> Joint Stock Company | |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | |

CERTIFICATE OF OWNERSHIP

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

Name _____ Signature _____
Print or Type

Residence Address _____

City _____ State _____ Zip _____

Name _____ Signature _____
Print or Type

Residence Address _____

City _____ State _____ Zip _____

Name _____ Signature _____
Print or Type

Residence Address _____

City _____ State _____ Zip _____

Name _____ Signature _____
Print or Type

Residence Address _____

City _____ State _____ Zip _____

State of Texas }
County of Robertson }

This instrument was acknowledged before me on the _____ day of _____, 20____.
(Seal)

County Clerk or
Notary Public

By Deputy: _____

No. _____

ASSUMED NAME CERTIFICATE FOR
UNINCORPORATED BUSINESS OR
PROFESSION

Name _____

Address _____

Filed for Record this the ____ day of
_____, 20____. at ____:____ M.

STEPAHNIE M. SANDERS, COUNTY CLERK

By Deputy _____

Recorded _____, 20____

In the Index of Assumed Names, Book 4, Pg ____

STEPHANIE M. SANDERS, COUNTY CLERK

By Deputy _____