

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

BUSINESS IS TO BE CONDUCTED AS (CHECK ONE): _____ **Sole Proprietorship or**

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 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

NAME: _____
Signature Mailing Address

Printed Name City State Zip

NAME: _____
Signature Mailing Address

Printed Name City State Zip

**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