

ASSUMED NAME CERTIFICATE

For Unincorporated Business or Profession

1. The assumed name under which the business or professional service is or is to be conducted or rendered:

2. The registrant is (Check one and fill in appropriate blanks. Attach additional sheets if necessary.)

A. **An INDIVIDUAL:** The full name and residence address is: _____

B. **A PARTNERSHIP:** The venture or partnership name is: _____

The Venture or partnership office address is: _____

The full name of each joint venture or general partner and his residence address if he is an individual or its office address if not an individual is: _____

C. **An ESTATE:** The name of the estate is: _____

The estate's office, if any, is _____

The full name of each representative of the estate and his residence address if he is an individual or its office address if not an individual is: _____

D. **A REAL ESTATE INVESTMENT TRUST:** The name of the trust is: _____

The address of the trust is: _____

The full name of each trustee manager and his residence address if he is an individual or its office address if not an individual is: _____

E. **A COMPANY OTHER THAN A REAL ESTATE INVESTMENT TRUST, OR A CORPORATION:**

The name of the company or corporation is: _____

The state, country, or other jurisdiction under the laws of which it was organized, incorporated, or associated and its office address is: _____

3. The PERIOD, not to exceed ten years, during which the assumed name will be used is: _____

4. The business or professional service that is or is to be conducted or rendered in the county under this assumed name is being or will be conducted or rendered as a: (Check applicable one)

Proprietorship Limited Partnership General Partnership Sole Practitioner

Real Estate Investment Trust Joint Venture Joint Stock Company

Some other form of unincorporated business or professional association or entity:

To certify which, witness My/Our hand(s) the _____ day of _____, 2011.

This area reserved for County Clerk Bar Code!!!!

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

STATE OF TEXAS

COUNTY OF **MATAGORDA**

This instrument was acknowledged before me on the _____ day of _____, 2011 by _____

Notary Public, State of Texas

NOTE: A certificate shall be executed and acknowledged by each individual whose name is required to be state therein or by his representative or attorney in face, and in the case of any person not an individual the name of which is required to be stated therein, the certificate shall be executed and acknowledged under oath on behalf of such person by its representative or attorney in fact or by a joint venture, general partner, trustee manager, officer, or anyone having comparable authority, as the case may be, of such person, any certificate executed and acknowledged by an attorney in fact shall include a statement that such attorney in fact has been duly authorize in writing by his principal to execute and acknowledge the same.