



**HONORABLE SHASTA BERGMAN, COUNTY CLERK**

211 W. 1<sup>ST</sup> STREET\*P.O. BOX 456\*GROVETON, TX 75845

PHONE: (936) 642-1208 FAX: (936) 642-3004

**ASSUMED NAME CERTIFICATE**

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, Section 1, Title 4 – Business & Commerce Code)

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE

PERIOD (not to exceed 10 years) DURING WHICH ASSUMED NAME WILL BE USED: 10 Years

BUSINESS IS TO BE CONDUCTED AS (Check one):

- Sole Proprietorship
- General Partnership
- Real Estate Inv. Trust
- Sole Practitioner
- Limited Partnership
- Other (name type) \_\_\_\_\_
- Joint Venture
- Joint Stock Company

**CERTIFICATE OF OWNERSHIP**

I/We the undersigned, am/are the owner(s), and/or registered agent, authorized representative, or attorney-in-fact, 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) and/or registered agent, authorized representative, or attorney-in-fact whose name is required to be stated in the certificate not listed herein.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Mailing /Residence)

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Mailing/Residence)

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Mailing/Residence)

**ACKNOWLEDGMENT**

STATE OF TEXAS  
COUNTY OF TRINITY

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_

SHASTA BERGMAN, COUNTY CLERK OR NOTARY PUBLIC  
BY: \_\_\_\_\_, DEPUTY MY COMMISSION EXPIRES: \_\_\_\_\_