



ASSUMED NAME RECORD (D.B.A.)

STATE OF TEXAS \*  
COUNTY OF MEDINA \*

CERTIFICATE OF OWNERSHIP FOR BUSINESS OR PROFESSION

PURSUANT TO THE PROVISIONS OF CHAPTER 71, TITLE 5, BUSINESS AND COMMERCE CODE OF THE STATE OF TEXAS, THE UNDERSIGNED CERTIFIES THE FOLLOWING:

NAME UNDER WHICH BUSINESS IS TO BE CONDUCTED:

[Empty box for business name]

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

CITY: STATE: ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: STATE: ZIP: \_\_\_\_\_

TIME PERIOD BUSINESS NAMES WILL BE USED (not to exceed 10 years) \_\_\_\_\_ YEARS.

NOTICE: Certificates of Ownership are valid only for a time period not to exceed 10 years from date filed with the County Clerk.

BUSINESS TO BE CONDUCTED AS (check one):

- Unincorporated Business or Profession [Sole Proprietorship, General Partnership, Joint Venture, Estate, Real Estate Investment Trust]
- Incorporated Business or Profession (Corporation, Limited Partnership)
- Other: \_\_\_\_\_

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

Name _____ (Printed Owner or Corporation Name)	Signature _____
Address _____	(If corporation, print Name and Title) Zip _____
Name _____ (Printed Owner or Corporation Name)	Signature _____
Address _____	(If corporation, print Name and Title) Zip _____

Sworn to and subscribed to before me this the \_\_\_\_\_ day of \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF TEXAS