

**ASSUMED NAME RECORD  
CERTIFIED OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION  
(OR INCORPORATED)**

NOTICE: Certificates of ownership are valid for a period not to exceed 10 years from the date filed in the County Clerk's Office. (Chapter 36, Sec 1, Title 4, Business and Commerce Code)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Assumed Names are valid for a period of 10 years**

\_\_\_\_\_ Proprietorship                      \_\_\_\_\_ Sole Proprietorship                      \_\_\_\_\_ Joint Venture  
\_\_\_\_\_ General Partnership                      \_\_\_\_\_ Other (Name Type) \_\_\_\_\_

**CERTIFICATE OF OWNERSHIP**

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

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print)

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(Residence)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print)

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(Residence)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print)

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(Residence)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print)

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(Residence)

**STATE OF TEXAS  
COUNTY OF PALO PINTO**

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to the person(s) whose name(s) are subscribed to the foregoing instrument and acknowledged to me that he/she signed thte same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

Texas Comptroller 's Office  
4040 Fossil Creek Blvd., #100  
Fort Worth, TX 76137  
817/847-6201

\_\_\_\_\_  
Notary Public in and for the State of Texas

\_\_\_\_\_  
Janette K. Green, County Clerk, Palo Pinto County

\_\_\_\_\_  
By: Deputy County Clerk