

CERTIFICATE OF OWNERSHIP OF A BUSINESS OR PROFESSION

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, Sec. 1, Title 4-Business and Commerce Code)

BUSINESS NAME (IN WHICH BUSINESS IS OR WILL BE CONDUCTED)

PHYSICAL ADDRESS OF BUSINESS:

CITY: STATE: ZIP CODE:

PERIOD (not to exceed 10 years) during which Assumed Name will be used: from date filed to

BUSINESS IS TO BE CONDUCTED AS (check one):

Individual General Partnership Limited Partnership Other:

CERTIFICATE OF OWNERSHIP

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 is/are no ownership(s) in said business other than those listed herein below. MUST BE SIGNED IN FRONT OF NOTARY.

NAME(S) OF OWNERS

NAME SIGNATURE (print or type) ADDRESS (CITY, STATE, ZIP) (MAILING ADDRESS)

NAME SIGNATURE (print or type) ADDRESS (CITY, STATE, ZIP) (MAILING ADDRESS)

NAME SIGNATURE (print or type) ADDRESS (CITY, STATE, ZIP) (MAILING ADDRESS)

THE STATE OF TEXAS COUNTY OF SHACKELFORD

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared

Known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that he is/are the owner(s) of the above mentioned named business and that he signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on

Notary Public in and for the State of Texas.