



ASSUMED NAME CERTIFICATE

Name of Business: _____

Nature of Business: _____

Physical Address of Business: _____

Mailing Address of Business: _____

This Certificate is effective for a period not to exceed ten (10) years.

CERTIFICATE OF OWNERSHIP

I/we, the undersigned, am/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.

Name/Title _____

Address _____

Signature

Name/Title _____

Address _____

Signature

Name/Title _____

Address _____

Signature

Name/Title _____

Address _____

Signature

STATE OF TEXAS
COUNTY OF LEE

This instrument was acknowledged before me on the _____ day of _____, 20____

SHARON BLASIG
County Clerk, Lee County, Texas

By _____
Deputy

Notary Public, State of Texas

Sharon Blasig, Lee County Clerk, P.O. Box 419, Giddings, Texas, 78942