

**SHERRY LEMON, COUNTY CLERK
WISE COUNTY, TEXAS**

\$26.00 Filing Fee
\$7.00 Certified Copy

200 North Trinity Street
Telephone: 940-627-3351 Fax: 940-627-2138

P.O. Box 359
Decatur, Texas 76234

ASSUMED NAME RECORDS

CERTIFICATE OF OWNERSHIP FOR INCORPORATED 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, Section 1, Title 4 – Business and Commerce Code). (This certificate properly executed is to be filed immediately with the County Clerk).

NAME UNDER WHICH BUSINESS OR PROFESSIONAL SERVICES IS (OR WILL BE) CONDUCTED

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

1. The name of the incorporated business or profession as state in its Articles of Incorporation or comparable document is: _____ and the filing number or certificate of authority number, if any, is: _____.
2. The state, country, or other jurisdiction under the laws of which it was incorporated is: _____, and the address of its registered or similar office in that jurisdiction is : _____.
3. The period, not to exceed ten years, during which this assumed name will be used is: _____.
(Certificates are valid for a period not to exceed 10 years).
4. The corporation is a (circle one) business corporation, non-profit corporation, professional association or other type of corporation (specify): _____ or other type of incorporated business, professional or other association or legal entity (specify): _____.
5. If the corporation is required to maintain a registered office in Texas, the address of the registered office is: _____ and the name of its registered agent at such address is _____.
The address of the principal office (if not the same as the registered office) is: _____.
6. If the corporation is not required to or does not maintain a registered office in Texas, the office address in Texas is: _____ and if the corporation is not incorporated, organized, or associated under the laws of Texas, the address of its place of business in Texas is: _____ and the office address elsewhere is: _____.
7. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are (if applicable, use the designation "all" or "all except" _____).
8. If this instrument is executed by the attorney-in-fact, the attorney-in-fact hereby states that he he/she has been duly authorized, in writing, by his principal to execute and acknowledge this instrument.

Print name of officer, representative, or attorney-in-fact of corporation
State of Texas }
County of Wise }

Signature of officer, representative, or attorney-in-fact of corporation

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-named business and that ___he___ signed the same for the purpose of consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, ON _____, 20 _____.

Notary Public in and for Wise County, Texas
SHERRY LEMON, COUNTY CLERK, WISE COUNTY, TEXAS

SEAL

BY: _____, Deputy

INSTRUCTIONS FOR FILING ASSUMED NAME CERTIFICATE

1. An incorporated business or profession doing business under a name other than its corporate name as stated in its articles of incorporation, must file an assumed name certificate with the Secretary of State and with the appropriate County Clerk in accordance with Section 36.11 of the Texas Business and Commerce Code.
2. The information provided in paragraph 6 as regards the registered agent and registered office address in Texas must match the information on file in this office. To verify the information on file with this office, you may contact our corporate information unit at (512) 463-5555. Forms to change the registered agent/office are available from this office should you require to update this information.
3. For purposes of filing with the Secretary of State, the corporation should submit an originally executed assumed name certificate accompanied with the filing fee to (for the correct fee call the number listed below):

Secretary of State
Statutory Filings Division
Corporations Section
PO Box 13697
Austin, Texas 78711-3697
(512) 463-5582

4. All assumed name certificates to be filed with the County Clerk must be forwarded by the corporation directly to the county clerk.
 5. Whenever an event occurs that causes the information in the assumed name certificate to become materially misleading (eg. Change of registered agent/office or change of name), a new certificate must be filed within 60 days after the occurrence of the events which necessitate the filing.
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