

SHERRY LEMON, COUNTY CLERK, WISE COUNTY, TEXAS

P.O. Box 359
200 North Trinity
Decatur, TX 76234

Telephone: 940-627-3351
Website: www.co.wise.tx.us/cc

ASSUMED NAME RECORD

CERTIFICATE OF OWNERSHIP OF UNINCORPORATED 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, Sect. 1, Title 4- Business and Commerce Code)

This certificate properly executed is to be filed immediately with the County Clerk
FILING FEE: \$26.00/ ADDITIONAL CERTIFIED COPIES \$7.00 EACH

NAME IN WHICH BUSINESS WILL BE CONDUCTED: _____

PHYSICAL ADDRESS OF BUSINESS: _____
Street City State Zip

TELEPHONE NUMBER: _____ EMAIL: (optional) _____

WEBSITE: (optional) _____

PERIOD (Not to exceed 10 years) DURING WHICH THE ASSUMED NAME WILL BE USED IS _____ YEARS

BUSINESS IS TO BE CONDUCTED AS: (Choose One)

- Sole Proprietorship Joint Stock Company Real Estate Investment Group
- General Partnership Practitioner Joint Venture
- Limited Partnership Other: _____

CERTIFICATE OF OWNERSHIP

The undersigned, is/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.

FULL NAME: _____ SIGNATURE: _____

ADDRESS: _____ ZIP CODE: _____

FULL NAME: _____ SIGNATURE: _____

ADDRESS: _____ ZIP CODE: _____

FULL NAME: _____ SIGNATURE: _____

ADDRESS: _____ ZIP CODE: _____

**THE STATE OF TEXAS
COUNTY OF WISE**

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 the he signed the same for the purpose of consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE ON THIS the ____ day of _____, 20____

Notary Public in and for Wise County, TX

SEAL

SHERRY LEMON, COUNTY CLERK, WISE COUNTY

BY: _____, Deputy