

**OFFICE OF JOHN F. WARREN
COUNTY CLERK, DALLAS COUNTY, TEXAS
509 MAIN STREET, DALLAS, TEXAS 75202**

**ASSUMED NAME RECORDS
CERTIFICATE OF OWNERSHIP FOR 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 executed is to be filed immediately with the County Clerk)

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED

_____ print or type

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PERIOD (not to exceed 10 years) DURING WHICH ASSUMED NAME WILL BE USED: _____

- BUSINESS IS TO BE CONDUCTED AS (Check Which One) : Sole Practitioner
 Proprietorship Joint Venture General Partnership Limited Partnership
 Real Estate Investment Trust Joint Stock Company Other _____

CERTIFICATE OF OWNERSHIP

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

NAME OF OWNERS

NAME _____ **SIGNATURE** _____
(print or type)

ADDRESS _____ **ZIP CODE** _____
Residence (print or type)

NAME _____ **SIGNATURE** _____
(print or type)

ADDRESS _____ **ZIP CODE** _____
Residence (print or type)

THE STATE OF TEXAS, COUNTY OF DALLAS

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

Known to me to be the person ___ he ___ is/are the owner(s) of the above-named business and that _____ he _____ signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on _____, 20 _____

JOHN F. WARREN, COUNTY CLERK

By _____ Deputy _____

CERTIFICATE OF OWNERSHIP

NAME OF OWNERS

NAME _____ SIGNATURE _____
(print or type)

ADDRESS _____ RESIDENCE _____ ZIP CODE _____
(print or type)

NAME _____ SIGNATURE _____
(print or type)

ADDRESS _____ RESIDENCE _____ ZIP CODE _____
(print or type)

NAME _____ SIGNATURE _____
(print or type)

ADDRESS _____ RESIDENCE _____ ZIP CODE _____
(print or type)

NAME _____ SIGNATURE _____
(print or type)

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(print or type)

NAME _____ SIGNATURE _____
(print or type)

ADDRESS _____ RESIDENCE _____ ZIP CODE _____
(print or type)

NAME _____ SIGNATURE _____
(print or type)

ADDRESS _____ RESIDENCE _____ ZIP CODE _____
(print or type)

NAME _____ SIGNATURE _____
(print or type)

ADDRESS _____ RESIDENCE _____ ZIP CODE _____
(print or type)

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

Known to me to be the person ___ he ___ is/are
the owner(s) of the above-named business and that
_____ he _____ signed the same for the
purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on _____, 20 _____

JOHN F. WARREN, COUNTY CLERK

By _____ Deputy _____
Form No. 424 (Rev. 9-30) Notary Public in and for Dallas County