

**ASSUMED NAME RECORDS
CERTIFICATE OF OWNERSHIP FOR
UNINCORPORATED BUSINESS OR PROFESSION**

[A beginning character other than a letter or a number, or the last portion of a name that exceeds 57 characters, will not be reflected in the indices. Please print legibly.]

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED: _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

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

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 below.

-NAMES OF OWNERS-	
NAME _____ <small>(print or type)</small>	SIGNATURE _____
Residence Address _____	
City: _____	State: _____ Zip: _____
NAME _____ <small>(print or type)</small>	SIGNATURE _____
Residence Address _____	
City: _____	State: _____ Zip: _____
NAME _____ <small>(print or type)</small>	SIGNATURE _____
Residence Address _____	
City: _____	State: _____ Zip: _____

If this instrument is executed by an attorney-in-fact, the attorney-in-fact hereby states that s/he/they has/have been duly authorized in writing by his/her principal to execute and acknowledge the same.

THE STATE OF TEXAS §
COUNTY OF HARRIS §

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 s/he/they is/are the owner(s) of the above named business and that s/he/they signed the same for the purpose and consideration therein expressed.

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

(Seal)

Deputy County Clerk / Notary Public in and for the State of Texas

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 below.

-NAMES OF OWNERS-

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(print or type)

Residence Address _____

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