

## OFFICE OF CHRIS HOLLINS

COUNTY CLERK, HARRIS COUNTY, TEXAS

## 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.]

BUSINESS ADDRESS			
	STATE_		
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	
We, the undersigned, am/are the owner(s wnership(s) in said business other than those	s) of the above business and my/our name(s) and addrese listed below.	ress(es) given is/are true and correct, and there is/are	
	-NAMES OF OWNERS-		
NAME	SI	SIGNATURE	
(print or type)			
	State:		
NAME_	SIG	GNATURE	
(print or type)			
	State:		
	SI	SIGNATURE	
(print or type) Residence Address			
City:	State:	Zip:	
	are in fact, the attenuacy in fact hander states that affect	show hor/hours have duly such sained in maiding his his	
rincipal to execute and acknowledge the sa	ey-in-fact, the attorney-in-fact hereby states that s/he/t me.	they has/have been duly authorized in writing by his/	
THE STATE OF TEXAS §			
OUNTY OF HARRIS §			
BEFORE ME, THE UNDERSIG	NED AUTHORITY, on this day personally appeared		
	ne(s) is/are subscribed to the foregoing instrument and ac ned the same for the purpose and consideration therein ex		
TVEN UNDER MY HAND AND SEAL Colled in the Office of Diane Trautman, County Cle	F OFFICE, on erk, Harris County, Texas.		
	Depute Courte Clark / No.	tary Public in and for the State of Texas	

I/We, the undersigned, am/are the owner(s and there is/are no ownership(s) in said bu	e) of the above business and my/our name(s) are siness other than those listed below.	nd address(es) given is/are true and correct,		
-NAMES OF OWNERS-				
NAME	SIGNATURE			
(print or type) Residence Address				
City:	State:	Zip:		
NAME	SIGNATURE			
(print or type) Residence Address				
City:	State:	Zip:		
NAME	SIGNATURE			
Residence Address				
City:	State:	Zip:		
NAME	SIGNATURE			
City:	State:	Zip:		
NAME	SIGNATURE			
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City:	State:	Zip:		
NAME	SIGNATURE			
City:	State:	Zip:		
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4 24 7				
City:	State:	Zip:		
NAME	SIGNATURE			
City:	State:	Zip:		
NAME	SIGNATURE			
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

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

Filed in the office of Diane Trautman, County Clerk, Harris County, Texas.