



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.]

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 SIGNATURE
(print or type)
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
Filed in the Office of Diane Trautman, County Clerk, Harris County, Texas.

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-

NAME _____ SIGNATURE _____
(print or type)

Residence Address _____

City: _____ State: _____ Zip: _____

NAME _____ SIGNATURE _____
(print or type)

Residence Address _____

City: _____ State: _____ Zip: _____

NAME _____ SIGNATURE _____
(print or type)

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