

# ASSUMED NAME CERTIFICATE FOR CERTAIN UNINCORPORATED PERSONS



CERTIFICATE OF OWNERSHIP FOR BUSINESS OR PROFESSION  
NOTICE: THIS CERTIFICATE OF OWNERSHIP PROPERLY EXECUTED IS TO BE FILED IMMEDIATELY  
WITH THE COUNTY CLERK AS PROVIDED BY LAW.

**LAURA RICHARD**

**COUNTY CLERK, FORT BEND COUNTY, TEXAS**

301 JACKSON, RICHMOND, TEXAS 77469-3108 | (281) 341-8685

ASSUMED NAME under which the business or professional service is or is to be conducted (print clearly): Business and Commerce Code § 71.052 (1)

ADDRESS OF BUSINESS (print clearly):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The period, not to exceed (10) years, during which the assumed name will be used is \_\_\_\_\_ years. BCC § 71.052 (3)

I hereby state that this registrant is: (Mark appropriate box.)

- AN INDIVIDUAL.** Below is my full name and residence address. BCC § 71.052 (2) (A)
- A PARTNERSHIP.** Below is the name and office address of the venture or partnership; the full name of each joint venture or general partner; and each joint venturer's or general partner's office address, if the venture or partner is not an individual. BCC § 71.052 (2) (B)
- AN ESTATE.** Below is the name and address (if any) of the estate; the full name of each representative of the estate; and each representative's residence address if the representative is an individual, or the representative's office address, if the representative is not an individual. BCC § 71.052 (2) (C)
- A REAL ESTATE INVESTMENT TRUST.** Below is the name and address of the trust; the full name of each trustee manager; and each trustee manager's residence address, if the trustee manager is an individual, or the trustee manager's office address, if the trustee manager is not an individual. BCC § 71.052 (2) (D)
- COMPANY OTHER THAN A REAL ESTATE INVESTMENT TRUST.** Below is the name and office address of the company. The state, country, or other jurisdiction under the laws of which this company was organized is \_\_\_\_\_ BCC § 71.052 (2) (E)

and further state that this registrant is not a limited partnership, limited liability company, limited liability partnership, or foreign filing entity. BCC § 71.052 (4)

Is any registrant a military veteran?  No  Yes If yes, please provide military identification.

Information required as listed above (print clearly):

NOTE: SIGNATURE(S) MUST BE SIGNED IN FRONT OF A NOTARY OR DEPUTY CLERK

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

For registrant of a partnership, estate, real estate investment trust, or company other than real estate investment trust, please print name below signature line.

FOR USE BY NOTARY AND CLERK OF THE COURT, DEPUTY. The State of Texas and County of Fort Bend:

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/she/they signed the same purpose and consideration therein expressed. Given under my hand and seal of office, on \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public in and for the State of Texas or Clerk of the Court, Deputy

Seal of the Notary Public or Clerk of the Court, Deputy

**INFORMATION WHERE DOCUMENT SHOULD BE RETURNED  
(to be completed by applicant):**

In the spaces below, clearly print the name, address, city, state, and zip code where this document should be returned

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form of identification presented: \_\_\_\_\_