

Nancy E. Rister
Williamson County Clerk

**ASSUMED NAME
CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS**

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED:

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____
(OPTIONAL) (OPTIONAL)

E-MAIL ADDRESS _____
(OPTIONAL)

Notice: "Certificates of Ownership" are valid only for a period not to exceed 10 years from the date filed.

BUSINESS IS TO BE CONDUCTED AS (check one):

Sole Proprietorship Joint Venture General Partnership
 Sole Practitioner Other _____

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

I/We have conducted a search of the indexes of Assumed Names of Williamson County, Texas, and do not find the above business name being used prior to this filing.

NAMES OF OWNERS

NAME _____ SIGNATURE _____

ADDRESS _____ ZIP _____

NAME _____ SIGNATURE _____

ADDRESS _____ ZIP _____

NAME _____ SIGNATURE _____

ADDRESS _____ ZIP _____

NAME _____ SIGNATURE _____

ADDRESS _____ ZIP _____

THE STATE OF TEXAS
COUNTY OF WILLIAMSON

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

known to me to be the person__ whose name__ is/are subscribed to the foregoing instrument and acknowledged to me that __he__ is/are the owner(s) of the above named business and that __he__ executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the _____ day of _____,
20____.

(Seal)

Notary Public in and for the State of Texas