



Terri Berry
Gaines County Clerk

ASSUMED NAME CERTIFICATE

CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION

NOTICE: THIS "CERTIFICATE OF OWNERSHIP" IS VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE. (Chapter 36, Sec 1, Title 4 Business and Commerce Code)
(This certificate properly executed is to be filed immediately with the County Clerk)

NAME IN WHICH BUSINESS IS OR WILL BE CONDUCTED

(PRINT OR TYPE)

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ Zip code: _____

PERIOD (NOT TO EXCEED 10 YEARS) DURING WHICH ASUMED NAME WILL BE USED _____

BUSINESS TO BE CONDUCTED AS (CIRCLE ONE):

SOLE PROPRIETORSHIP

LIMITED PARTNERSHIP

GENERAL PARTNERSHIP

JOINT VENTURE

JOINT STOCK COMPANY

OTHER: (name type): _____

CERTIFICATE OF OWNERSHIP

I/We, the undersigned, 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 herein below.

Name of Owners:

Name: _____ Signature: _____
(Print or Type)

Address: _____ Zip Code: _____

Name: _____ Signature: _____
(Print or Type)

Address: _____ Zip Code: _____

STATE OF TEXAS
COUNTY OF GAINES

SWORN AND SUBSCRIBED BEFORE ME, on this day appeared _____, and
_____ known to be the person(s) whose name(s) is/are subscribed to the foregoing instrument.

Given under my hand and seal of the Office this the _____ day of _____, 20____

Notary Public in and for the State of Texas