**CALHOUN COUNTY CLERK**



# 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:**

Leave Blank for File Stamp

BUSINESS ADDRESS

CITY STATE ZIP

PERIOD (not to exceed 10 years) DURING WHICH ASSUMED NAME WILL BE USED: / / **2021**  to / / **2031**

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: NAME SIGNATURE

*(print or type)*

Residence Address

City: State: Zip: 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 CALHOUN §

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 .

(Seal)

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

211 S. Ann St., Ste.102, Port Lavaca, TX 77979

[www.calhouncoclerk.org](http://www.cclerk.hctx.net/)

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