

**ASSUMED NAME RECORDS
 CERTIFICATE OF OWNERSHIP FOR
 INCORPORATED 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 _____

1. The name of the corporation, limited partnership, registered limited liability partnership or limited liability Company as stated in its articles of incorporation, association, or organization, or other comparable document is _____
2. The state, country, or other jurisdiction under the laws of which it was incorporated, organized, or associated is , and the address of its registered or similar office in that jurisdiction is _____
3. The period, not to exceed ten years, during which this assumed name will be used is _____
4. The corporation is a (circle one) business corporation, non-profit corporation, professional corporation, professional association, limited partnership, registered limited liability partnership, limited liability company or other type of corporation (specify) _____
5. If the corporation, limited partnership, registered limited liability partnership or limited liability company is required to maintain a registered office in Texas, the address of the registered office is _____
 and the name of the registered agent at such address is _____
 The address of the principal office (if not the same as the registered office) is _____
6. If the corporation, limited partnership, registered limited liability partnership or Limited Liability Company is not required to or does not maintain a registered office in Texas, the office address in Texas is _____
 and if the corporation, limited partnership, registered limited liability partnership or limited liability company is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is _____
 and the office address elsewhere is _____
7. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed named are (if applicable, use the designation "all" or "all except".) _____
8. 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/their principal to execute and acknowledge the same.

 Signature of officer, representative or attorney-in-fact of the corporation

THE STATE OF ~~TEXAS~~ §
 COUNTY OF JASPER §

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)

 Notary Public in and for the State of Texas